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PROCEEDINGS OF THE ASSOCIATION OF  
MEDICAL SUPERINTENDENTS.

The Twenty-seventh Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, commenced its session at the Eutaw House in the City of Baltimore, and was called to order at 10 A. M. of Tuesday, May 27th, 1873, by the President, Dr. John S. Butler.

The following members were present during the session.

Dr. J. P. Bancroft, New Hampshire Asylum for the Insane, Concord, N. H.

Dr. J. W. Barstow, Sanford Hall, Flushing, New York.

Dr. C. K. Bartlett, Minnesota Hospital for the Insane, St. Peter, Minn.

Dr. D. R. Brower, Eastern Lunatic Asylum, Williamsburg, Va.

Dr. D. Tilden Brown, Bloomingdale Asylum for the Insane, New York City.

Dr. Geo. Syng Bryant, First Kentucky Lunatic Asylum, Lexington, Ky.

Dr. John S. Butler, Hartford, Conn.

Dr. John H. Callender, Hospital for the Insane, Nashville, Tenn.

Dr. Edward R. Chapin, Kings County Lunatic Asylum, Flatbush, N. Y.

Dr. John B. Chapin, Willard Asylum for the Insane, Willard, N. Y.

Dr. Wm. M. Compton, State Lunatic Asylum, Jackson, Miss.

Dr. D. B. Conrad, Central Lunatic Asylum, Richmond, Va.

Dr. John Curwen, Pennsylvania State Lunatic Hospital, Harrisburg, Pa.

Dr. James H. Denney, Retreat for the Insane, Hartford, Conn.

Dr. Wm. H. DeWitt, Assistant Physician, Longview Asylum for the Insane, Carthage, Ohio.

Dr. Joseph Draper, Vermont Asylum for the Insane, Brattleboro, Vt.

Dr. B. D. Eastman, Worcester Lunatic Hospital, Worcester, Mass.

Dr. Pliny Earle, Northampton Lunatic Hospital, Northampton, Mass.

Dr. M. G. Echeverria, New York City.

Dr. Orpheus Everts, Indiana Hospital for the Insane, Indianapolis, Ind.

Dr. F. T. Fuller, Assistant Physician Insane Asylum, Raleigh, N. C.

Dr. John P. Gray, State Lunatic Asylum, Utica, N. Y.

Dr. Thomas F. Green, State Lunatic Asylum, Milledgeville, Georgia.

Dr. Richard Gundry, Athens Lunatic Asylum, Athens, Ohio.

Dr. Wm. B. Hazard, St. Louis County Lunatic Asylum, St. Louis, Missouri.

Dr. James C. Hallock, State Emigrant Hospital for the Insane, Ward's Island, N. Y.

Dr. Geo. F. Jelly, McLean Asylum, Somerville, Mass.

Dr. Thos. S. Kirkbride, Pennsylvania Hospital for the Insane, Philadelphia, Penn.

Dr. A. H. Kunst, Assistant Physician West Virginia Hospital for the Insane, Weston, West Va.

Dr. Henry Landor, Asylum for the Insane, London, Ontario.

Dr. Edward Mead, Psychopathic Retreat, Winchester, Mass.

Dr. S. I. F. Miller, Southern Ohio Lunatic Asylum, Dayton, Ohio.

Dr. Chas. H. Nichols, Government Hospital for the Insane, Washington, D. C.

Dr. Isaac Ray, Philadelphia, Penn.

Dr. Jos. A. Reed, Western Pennsylvania Hospital for the Insane, Dixmont, Penn.

Dr. F. E. Roy, Quebec Lunatic Asylum, Quebec, Canada.

Dr. John W. Sawyer, Butler Hospital for the Insane, Providence, Rhode Island.

Dr. S. S. Shultz, State Hospital for the Insane, Danville, Penn.

Dr. A. M. Shew, General Hospital for the Insane, Middletown, Connecticut.

Dr. G. A. Shurtleff, Insane Asylum of the State of California, Stockton.

Dr. T. R. H. Smith, State Lunatic Asylum, Fulton, Missouri.

Dr. R. S. Steuart.

Dr. Wm. F. Steuart, Maryland Hospital, Catonsville, Md.

Dr. Wm. H. Stokes, Mt. Hope Retreat for the Insane, Baltimore, Maryland.

Dr. Francis T. Stribling, Western Lunatic Asylum, Staunton, Va.

Dr. J. D. Thomson, Mt. Hope Retreat, Baltimore, Md.

Dr. John E. Tyler, Boston, Mass.

Dr. C. A. Walker, Boston Lunatic Hospital, Boston, Mass.

Dr. E. H. Van Deusen, Michigan Asylum for the Insane, Kalamazoo, Michigan.

Dr. R. M. Wigginton, Assistant Physician, Hospital for the Insane, Madison, Wisconsin.

Dr. James W. Wilkie, State Lunatic Asylum for Insane Criminals, Auburn, N. Y.

Dr. J. H. Worthington, Friend's Asylum for the Insane, Frankford, Philadelphia.

The minutes of the last meeting were read and approved.

Dr. R. S. Steuart, President of the Maryland Hospital for Insane Persons, welcomed the Association.

*Mr. President and Gentlemen of the Association:*

I beg leave on the part of the gentlemen of the corporation I represent, and on the part of Dr. Stokes, of the Mount Hope Retreat, and Mr. John Laurin Norris, of the Shepherd Institution, to express the great gratification we all feel at your having selected Baltimore for your present meeting, and for your safe arrival in our city.

I remember with great pleasure, your visit twenty years ago, when we were assembled in this same room; and although all who met then are not here on this occasion, some having passed to that "country from whose bourne no traveler returns," yet I am well assured that others are present who are fully worthy of the places they now supply, and to all we now proffer a cordial welcome. It was to me especially an interesting occasion when you

met me here in 1853. It was at my request, as I was about to select a site and adopt a plan for a new and more enlarged Hospital for the Insane, having been honored by the Legislature of Maryland with this commission. I wanted the advice and experience of those more experienced in such matters than I was then, to aid me in my undertaking. Some of those who kindly aided me at that time, I now have the pleasure to see here again, and they will find that the plans then approved, have been in the main followed. Many circumstances not necessary to detail, have retarded the completion of this work, and though far advanced it will still require some years to make it complete. I would have had still more pleasure in accepting your visit a year hence, nevertheless, we are all glad to welcome you among us, and we will endeavor to make your time pass as agreeably as we can during your short sojourn.

I am also deputed by his honor, the Mayor of the city, to offer you a hearty welcome, and to say he will do himself the honor to visit the Association during its session, and that he hopes your body will visit the Bay-View Alms House, which is the especial charity of the city of Baltimore. If perfectly agreeable, we will be happy to receive yourselves and your ladies, on the 29th. I will make suitable arrangements to convey you all to Spring Green Asylum; and Gentlemen, when you make the visit, I beg you to see for yourselves, and to criticise freely our plan and its execution. I am aware that when our hospital was commenced, very few architects had turned their attention to hospital architecture for insane persons. Much has been learned in the last twenty years, and candid criticism may not only enable us to improve on our work, but serve as lessons for the improvement of those hospitals that will have to be built at no distant time. I am quite sure we have but one object in view, that of carrying the method of improving the condition of the insane to the highest point of excellence.

Dr. J. S. BUTLER, President. In the name of the Association I thank you, sir, for your kind and courteous welcome. The wisdom of the Association in selecting Baltimore for the place of this meeting is shown by the number of members now in attendance, being the largest we have ever had at the opening of the session. I have no doubt that we shall find the hospitality of your city equal to its beauty.

Letters were read from Drs. Camden, Workman, Hughes, McFarland, Jacobs, Hemenway, and DeWolf,

expressing their regret at being unable to attend this meeting.

A letter was also read from Sir James Coxe, of Scotland, in answer to one sent by the President, Dr. Butler.

On motion of Dr. Nichols, the President was requested to appoint the usual standing committees.

The Committee on Business was announced as Drs. R. S. Steuart, Stokes and Curwen.

On motion of Dr. Gray, it was

*Resolved*, That the medical profession of Baltimore be invited to attend the sessions of the Association.

On motion, a recess was taken for fifteen minutes.

On reassembling, the President announced the Committee on Resolutions, Drs. Earle, Ray and Green, and the Committee to Audit the Treasurer's Accounts, Drs. Reed, Gundry and Conrad.

Dr. Curwen, from the Committee on Business, made the following report, which was accepted :

The Committee on Business respectfully recommend that the sessions of this morning and afternoon be devoted to the reading and discussion of papers ; that the Association spend the evening sociably at the residence of Dr. Stokes from 9 p. m. On Wednesday the Association will start at 10 a. m. to visit Mount Hope Retreat, returning at 4 p. m., visit Bay-View Asylum, and hold a session at 8 p. m. On Thursday the Association will hold a session in the morning and visit Maryland Hospital near Catonsville, in the afternoon, leaving the hotel at 12 m., and hold a session in the evening. On Friday the Association will hold a session in the morning, and visit the Shepherd Asylum in the afternoon, leaving the hotel at 12 m., and hold a session in the evening.

The President announced that remarks were in order on the progress of hospital matters during the past year, and that Pennsylvania would first be heard from.

Dr. CURWEN. Mr. President, I rise to make a few remarks in order to draw out other gentlemen, by stating what has been done in Pennsylvania during the past year. Most of you will recollect

that at the meeting one year ago, I stated distinctly that we intended to push the matter of the accommodation for the insane until Pennsylvania was provided with all the institutions necessary for the purpose. In the month of June, following the last meeting of the Association, the Medical Society of the State of Pennsylvania, appointed a committee to memorialize the Legislature for a hospital for the insane, for the ten northwestern counties. That memorial was extensively distributed. At the meeting of the Legislature, a bill for the establishment of the Hospital, was presented and passed the Senate unanimously. It was sent to the House of Representatives, and as soon as it was reached in the regular course of business, it passed that body unanimously. The bill has not yet been signed by the Governor, although his signature is an assured fact. He stated to me distinctly last week that he would approve it, his reason for the delay being that the fiscal year commenced on June 1st, and he wished the commissions of the gentlemen appointed to select the site, and erect the building, to date from that day.

The hospital at Danville was prevented last year from receiving the full appropriation asked, by the action of some of our medical friends in Philadelphia, who thought that the money designed for the hospital at Danville would be better applied for a general hospital in Philadelphia, and succeeded in persuading the members of the Legislature to that effect. This year, notwithstanding an appropriation of \$100,000 to each of the medical schools in Philadelphia, the Legislature made an appropriation of \$100,000 towards the completion of the hospital at Danville.

When the bill relative to the appropriation of \$100,000 to the Northwestern Hospital, was before the Senate, a Senator made some inquiries relative to the necessity of the hospital, as it would involve a very large expenditure of money before it was completed. He received so many quick and decided answers as to the absolute necessity of a hospital, that he was very careful to disclaim all opposition to the measure. My friend from Mississippi, was last year anxious to know how we managed these matters in Pennsylvania. He will learn by what I have stated that if he will induce the medical profession of Mississippi to join him in the work, he will have very little trouble in obtaining all he may need for the insane in his State. The Board of Public Charities of Pennsylvania, were very anxious to have some provision made for the "criminal insane," and they had a bill carefully prepared which was read and reported in the Senate, requiring the Commissioners

for the erection of the State Hospital for the Insane at Danville, to fit up fifty rooms on the foundations already laid, for the accommodation of that class. The discussion on the bill was very general in the Senate, and it fell after proper and just objections had been made to its passage. Probably Dr. Kirkbride had more to do in defeating it than any one else.

Dr. GUNDY. Mr. President, I have no report to make, and I do not know that a special report is needed.

We are getting along, in our poor way in Ohio, as well as we can. As you are aware we have met with a misfortune, I believe since the last meeting of the Association. A large portion of the Northern Institution was burned down, making the second institution destroyed by fire in Ohio. To replace that, the Legislature of Ohio has sanctioned plans and given means for the rebuilding of the institution, virtually appropriating \$500,000 for the purpose. In other words it has sanctioned that amount as the limit of the cost, and given in money, as the limit for the present year, \$120,000. The building to replace the burned one will be a fine one in appearance, and certainly one better adapted to resist the encroachments of fire. The building will be entirely of iron and brick, except the flooring and ornamentalions. The Columbus Institution is going on, and will be completed in a year or two, I understand. That is also fireproof, the major part of it being of brick and iron and no wood of any account, except where necessary. The Athens building, entirely completed is nearly fireproof. We can not alter the plan, (for like the laws of the Medes and Persians, it is unalterable) and the plan originally was not for a fire-proof structure. It will have iron and brick under the flooring and also iron and slate for roofing. The new building will be well adapted for 570 patients, and I am sorry to say, I am afraid that within one month of its being opened, the place will be full. We shall transfer from other institutions probably a very large number of patients, the State having been divided into appropriate districts for that purpose, and other institutions having many from this district. Meanwhile a large portion of the State is left unprovided for. Although the Legislature may be prompt in awarding accommodations, the number increases faster than the places for their care, and should all our institutions be completed, between 300 and 400 known to be insane, will be unprovided for.

There is an effort being made for the welfare of the insane, and I think we shall soon have a building in the northwestern part of the State, located in or near Toledo. We now have an institution

there for 100 patients which will probably be a nucleus for the other.

Dr. GREEN. How many institutions have you in operation in the State now?

Dr. GUNDRY. Probably three, having abandoned Longview.

Dr. GREEN. Including those for idiots and epileptics?

Dr. GUNDRY. Idiots are prohibited, and epileptics unfortunately are also. I do not know that I need say anything more on the subject. We are doing as well as can be expected in a poor impoverished country like ours.

Dr. CONRAD. About the prospect of a colored hospital in Richmond, I have nothing encouraging. Our efforts have been very unsuccessful of late, and I do not know that the future is much brighter.

Dr. BRYANT. In Kentucky there have been for more than two years past, a number of insane persons unprovided for. Many have been confined in places of safety other than asylums.

The Legislature has, at last, awakened to the importance of providing for that class of unfortunates. Recently the State Charitable Institutions have been reorganized, and provision made for two additional asylums for the insane. The Institution for Feeble Minded Children, at Frankfort, is now converted into the Third Kentucky Lunatic Asylum. The House of Correction, near Louisville, is converted into the Fourth Kentucky Lunatic Asylum. Of the two previously existing, the recent act makes a slight change in the name: the one at Lexington being now known as the First Kentucky Lunatic Asylum, and that at Hopkinsville as the Second Kentucky Lunatic Asylum.

I had hoped that representatives from every one of these would be here; but Dr. Rodman, Superintendent of the Second, is detained by the condition of his family. Dr. E. H. Black, is Superintendent of the Third, and Dr. C. C. Forbes, is Superintendent of the Fourth. Dr. Forbes told me he expected to be here.

I believe that when the Third and Fourth hospital buildings are ready for patients, the State of Kentucky will be amply provided for the care of the insane.

Dr. KIRKBRIDE. Did I understand Dr. Bryant to say that the Fourth Institution was in connection with the House of Correction?

Dr. BRYANT. No, sir; the building was used as a house of correction for young persons. It is no longer used for that purpose, but is now being refitted for an insane asylum.

Dr. CALLENDER. Since the last meeting of the Association, we have made some healthy and satisfactory progress for the proper

accommodation of the insane at Tennessee. I was fortunate enough to have gentlemen well known to assist me; one a member of this Association, who became a member of the Legislature, and who seized upon that conjunction of circumstances to press the matter. I used, with efficiency, the resolutions offered by Dr. Kirkbride, and passed a year ago, and without difficulty urged upon the members of the Legislature this subject, until, without a dissenting voice, seventy-five thousand dollars were granted for the commencement of two additional asylums, one in the western portion of the State, upon places to be approved by the Governor and a special commission—experts in the construction of such institutions. I have the assurance of the Governor that, after the adjournment of the Association, he will immediately commence the work by traveling and examining sites. I feel that within two or three years, the State will be in better condition than now.

In regard to insane criminals, to which Dr. Curwen referred, it has been the custom of the State authorities to send the insane convicts to our hospital.

I remonstrated against it twice, and had a bill introduced into the Legislature, forbidding the association of insane convicts, with our unfortunate insane who were not criminals. The limitation to the session of the Legislature—seventy-five days—prevented the passage of the bill; but I understood there was no objection to the measure.

So confident was I of its becoming a law, that I dismissed seventy-five of the insane convicts, and have not received any since. I would ask Dr. Bryant whether the Third and Fourth Insane Asylums of his State are not intended by statute for the chronic and incurable insane.

Dr. BRYANT. Yes, sir. I omitted to state that. I would further add that the chronic cases in the First and Second Institutions, are to be transferred to the Third and Fourth.

Dr. BROWN. Which is, to some extent, in conflict with the expressed sentiments of this Association.

The PRESIDENT. I suppose we are all glad to welcome among us our friend, Dr. Green, Superintendent of the State Lunatic Asylum, at Milledgeville, Georgia, from whom we would be pleased to hear.

Dr. GREEN. Up to 1860, our Institution was in a very unsatisfactory condition, with very imperfect provision made for those unfortunate people. We have always been obliged, by the law of Georgia, to receive all idiots and epileptics, and that condition still

exists, despite my most earnest efforts to put the matter on a different footing, and have a separate institution for the care of the idiots, and require our epileptics, or those that were not proven to be dangerous, to be kept by their friends or in the counties where they reside. In 1860, we perfected the original plan of our Institution, and hoped we would have satisfactory accommodations for the insane of Georgia, for many years, and doubtless, that would have been true, if the separate accommodation of epileptics and idiots could have been accomplished. It was not, however, and in a few years the Institution was crowded to such an extent that we were obliged to refuse additional patients, except as vacancies occurred, until additional accommodations were provided by the Legislature. I still urged the erection of separate buildings for the accommodation of idiots and the colored insane, of whom we have about a hundred. I noticed a statement about a year ago, that arrangements had been inaugurated, (I think in Ohio,) somewhere about four years back, for the accommodation of the colored insane, which was announced as being the first effort to provide for this unfortunate class of people. I think it was in the Southern States that this provision was first made. As far back as 1851, Gov. Cobb and myself had frequent interviews in regard to the necessity of providing for the colored insane in the State of Georgia at that time. We finally decided upon a plan likely to be acceptable to the Legislature and people, and to aid him, I addressed a circular letter to some one of the county officers in every county in the State, requesting that they would give me reliable information of the number of insane negroes in their respective counties, not embracing in such statement the congenital idiots or those subject to fits, but to give the number of insane only, and I ascertained in that way that at that time there were but forty insane negroes in the State of Georgia, with a negro population of over 400,000.

Dr. KIRKBRIDE. Did you think those statements reliable?

Dr. GREEN. I had no reason to doubt them; I took great pains to secure their being so. The result may, to some extent, have been different from the real fact, owing to the difficulty of some ignorant persons to determine who were insane. The liability to call all insane people "fools," and all idiotic, "insane," was more likely to increase than diminish the number. I had reason to believe the statements correct. I subsequently came north for the purpose of making a general tour in the northern and northwestern States, and was astonished at the comparatively

greater number of those people found in the institutions I visited. I was born in Beaufort, S. C., and lived in Georgia since a year and a half old, was then in my forty-eighth year, and I had never seen half a dozen insane negroes, and was therefore surprised at the number I met with in my tour. I submitted my opinions as to probable reasons for this difference to gentlemen in charge of the large pauper establishments in which I found them, and they did not hesitate to admit the probable correctness of those views. The influences then operating in that section of the country tending to such results are now rife with us. When those people were in a state of slavery they were taken care of and were not permitted to run into every possible excess, to remain up all night to drink and carouse, &c. When they were sick they had proper medical attendance and nursing. They, as a class, were most assuredly not subject to such privations as were calculated to impair their health. Then the better class had no cares or anxieties about anything. If a negro man had a sickly, feeble wife, and house full of little children, unable to perform any labor for their support, he did not lie down at night in care and anxiety at the prospect of their suffering in case of accident to himself. His prospects of recovery, in case of sickness, were not impaired by such influences. Now all this is reversed and furnishes reasons, very satisfactory to my mind, for the manifest increase of insanity among the colored people. I have now under my care a hundred of them, and I do not suppose I have half the number that are in the State. The project of Gov. Cobb and myself for providing for them in 1851, was never carried into effect. The Legislature did not then deem it necessary, the number was so small and their owners were by law bound to take care of them. In 1865, after the emancipation of the negroes, and their being thrown upon their own resources, the people who owned them and who were now unable or disinclined to support them, were making numerous applications for their admission to the asylum; and in two or three cases they were put down upon the premises and clandestinely left there. I made every effort in my power, with the Legislature, to have provision made for them at once, but did not secure that object until 1866, when provision was made for taking care of one hundred of them. In August, 1867, we commenced to receive them, and have continued do so, the buildings having been since enlarged. Prior to the first of July last, our Institution was for four years so crowded, that we were unable to receive any patient except as a vacancy occurred. At that time certain

additions, (very injudiciously, I think,) were made to the building, which enabled us to provide for the numerous applications, (over two hundred,) yet on record. We are again in precisely the same condition, without an unoccupied room in the Institution. What we shall now do, I am unable to say, unless the Legislature will act more sensibly and liberally, and make at least separate suitable provision for the idiots. I am sorry to know that the same spirit, in this connection, does not exist with us, that influences the action of other States. The prominent idea with us now seems to be, how we can arrange to save most money.

Dr. EARLE. Some pretty important changes have occurred in Massachusetts during the last year. Beginning in their chronological order, we have that at the Worcester Hospital. Owing to the encroachments caused by the enlargement of the city, the hospital and its grounds had become surrounded by a dense population, and it was decided to re-build upon a new site. That site was purchased two or three years ago, and, as gentlemen present well know, it had been determined to re-build the hospital on what is called the cottage plan. Within the year a change has taken place in regard to the plan. The former Superintendent of the hospital, Dr. Bemis, resigned his office, and Dr. Eastman has succeeded him. A change in the opinion of the Board of Trustees took place, and it was decided not to re-build upon the cottage, but upon the general plan.

A very excellent modification of that plan—the modifications being improvements—has been designed by Dr. Eastman, and adopted. The building is to be twelve hundred feet in length. They have a beautiful site; and, as Dr. Eastman informs me, they are about to begin the grading of it. The three State hospitals have been crowded during the past year. The receptacle at Tewksbury is full to overflowing; and it has been determined not to exceed the number now there. The necessity of a new hospital is becoming very urgent. A bill was introduced in the Legislature in the early part of this session, and has recently been passed, authorizing the construction of one in the northeastern section of the State. I do not know the exact wording of the bill; but I believe it provides that the hospital shall be either in Essex or Middlesex county.

The hospital at Taunton is defective in its architectural arrangements, particularly in regard to classification.

Dr. Godding determined that he would remedy these defects, if he could get the means, and applied through his trustees, to the

Legislature, for an appropriation to improve and enlarge the building.

That bill appropriating \$125,000, has passed, and probably the reason that Dr. Godding is not here is, that he remains at home to begin the alterations authorized.

Some of the people of Massachusetts have been endeavoring for twelve or fifteen years, to get a separate or a sectional institution for the accommodation of insane criminals; but that endeavor has been in vain. The convict insane are taken to the State hospitals. Many protests have been made against this practice, but, hitherto, without avail. At one time it appeared as if something would soon be done; but nothing has yet been accomplished. Those who have influence with the Legislature, are divided in opinion upon the subject. The State has not convict insane enough to justify the foundation of a new institution for them. Therefore many of our influential men believe it is better, for the present at least, that, if any change is made, a special section of one of the existing hospitals, or of the one which is about to be erected, shall be devoted to them.

Dr. GREEN. The number with us is so small as to demand not even that. We have not received twenty such persons in twenty-seven years.

Dr. EARLE. There is now, in Massachusetts, a very favorable conjuncture of circumstances, which, as I think, will end in the establishment of a separate hospital for that class.

A new State prison is about to be erected, and the Superintendents of all the State hospitals have joined in memorializing the legislative joint committee on charitable institutions, upon this subject. In that memorial they advocate the construction of a hospital in connection with the prison. They propose that it shall be separated from the prison by a high wall; that, for the present, a small section or portion of a larger design shall be erected, and that the convict insane, therein confined, shall be under the charge of the physician to the prison, and, if more convenient, that all the domestic arrangements shall be in common—there being a tram-way to carry the food—and that by and by, when the convicts become more numerous, additional sections be made, so that it may eventually become a distinct institution.

Dr. GREEN. There were a number of convicts in the penitentiary, and in the State prison seeking to come and live with me, but I would not let them. They sent me one in spite of the opinion I expressed, and I cured him within forty-eight hours.

Dr. R. S. STEUART. Forty-five years ago, there were but few Africans or their descendants belonging to Maryland, who became insane. Of this race many more were idiotic in proportion to their own number, and greatly more so in relative proportion to the white race. Such cases as have occurred have been admitted into this hospital on equal terms with all others. But this number has rapidly increased since the blacks have become free, so rapidly that it is now a question in Maryland how to dispose of them. There are probably 300,000 of the African race in Maryland, and it is almost certain from the present condition of this population, that especial provision will have to be made for it; and there is no doubt that in due time they will be carefully provided for in accordance with the best views of this Association.

Dr. EARLE. The subject introduced by my friend, Dr. Steuart, is of very great interest in a psychological point of view; but, for one, I should like to hear the expression of gentlemen from other States, in regard to changes during the past year. I think it an important subject, as it may thus be shown just to what extent our enterprise is advancing. I would propose that the same subject be continued a little longer, and that then the one mentioned by Dr. Steuart be taken up.

Dr. STEUART. I thought the subject was on the topic I took.

Dr. EARLE. The subject was the improvements of the last year, that of insanity among the negroes came in collaterally.

Dr. NICHOLS. It came up legitimately, I think, because some of the gentlemen spoke of it in connection with the improvements.

Dr. BUTLER. (The President.) It seems to me that we can not be better employed than by a continuance of this discussion.

Dr. STRIBLING. I would be pleased to hear further remarks relative to the progress that has been made for the provision for the insane during the past year.

Dr. GRAY. I was not in when the subject was first introduced, but I understand from the President, that the question was, as to what had been done in the several States during the past year, in regard to provision for the insane, and any modification of existing provisions. It is well understood in the Association that in the last few years New York has increased her provision—at least prospectively—by commencing the construction of two asylums, additional to the two heretofore existing, the one at Utica, and the one for chronic insane at Ovid; the two additional to be at Buffalo and Poughkeepsie. During the past year the Institution at Buffalo has been fairly commenced, and a portion of the building car-

ried up to the second story; and I understand that the Legislature has appropriated \$200,000 for continuing the work, and nearly the same amount for the one at Poughkeepsie (part of the latter to pay off their debt); and \$150,000 for a State Homeopathic Institution. I suppose ours is the first State where a homeopathic institution has been commenced. A few years ago they proposed to raise a certain amount, I think \$150,000 by subscription, and proposed to the State to give the homeopathic society an equal appropriation. This last \$150,000 I believe, they get without restrictions.

We have made some efforts to increase the medical staff in the institutions of our State. Heretofore we have had three assistant physicians in Utica; and last winter the Legislature authorized the appointment of a fourth, with the view of enabling us to give each department two assistants, so that we might be able to make more perfect and careful clinical records, and bring the institution, as far as possible, to the highest standard as a hospital. With only one assistant in a department, if he is sick a day or necessarily absent, or has some additional duties, of course there is defective service. He is required to be constantly on ward duty, though it is necessary for all persons in public position to be absent sometimes, not only for recreation, but for study, and reading, and the necessary investigations in connection with such hospitals. There was no opposition to such an appointment after it was explained, and the bill passed both houses without a negative vote. The institution at Ovid was also given a fourth physician. There have been some attempts to modify legislation in our State. We have had Dr. McFarland's former patient, Mrs. Packard, in consultation with the Legislature. She did not accomplish much, however, in the introduction of Illinois and Iowa bills, or what she called the "personal liberty" bills.

Dr. GREEN. In our State, persons who are expected to pay their board are allowed to be sent to the asylum upon a certificate, with signatures attached, one of which shall be that of a regular physician, "provided that nothing herein contained shall deny to such patients the right of trial by jury, either before or after being sent to the asylum."

Dr. GRAY. That is substantially in force in the organic law of our State, through the *habeas corpus*. The bill referred to was introduced, and passed one house without particular opposition, certainly no member of the medical profession made any opposition or took any action one way or another; but it did not pass the Senate.

She had two or three bills there and she might have done some mischief, but the fact was too apparent that she had herself a record, and that record is in the proceedings of this Association, in the discussion in New York, a good many years ago. I was asked in regard to the matter, and replied by handing her case to a member of the committee who had this matter in charge, as given in the *JOURNAL OF INSANITY*, by Dr. McFarland some years ago. Also a report of the legislative investigation into the affairs of the State Asylum of Illinois; a part of which proceedings contained the matter of her claiming Dr. McFarland as her affinity, that the Doctor was the first person who had fully sounded the depths of her connubial life, that she was the third person in the Trinity, and her son was Jesus Christ. One of the waggish members hearing this naïvely remarked "that he did not want to oppose her, because he would be resisting the Holy Ghost." She conceives it to be her Divine Mission to visit all the States, and does not believe in her insanity. I suppose she will soon be up in Massachusetts, at least we commend her to some other State.

Dr. TYLER. Mr. President, I should like an expression on this point. When a person—whether it be a puerperal woman or another person—has committed murder while insane, and is confined, should that person ever be allowed to go at large again, or not? Say that a man has committed murder; he is found not guilty by reason of insanity, and sent to a hospital. He recovers his reason. Should that man be allowed to go at large? I think that question was decided, whether by a vote or not, certainly by a majority of individual opinions, when it was up for discussion, that the liability of a person who has once been insane, to become insane the second time, is so great that the person should sacrifice his personal liberty to the good of the community. I think it is a very important subject. It is coming up continually, and I wish very much that members would give their opinions in regard to it. It would not take long.

Dr. BANCROFT. I think the expression of the Association on that subject, will be found in the proceedings as adopted at the last meeting in Boston, in 1868. I think that is among the statements which were adopted at that time.

Dr. TYLER. I read the discussion carefully: but there was not a clear opinion given there.

Dr. NICHOLS. In the remarks which fell from Dr. Green, he at first associated imbeciles or idiots and epileptics, as persons unjustly imposed upon his institution by law. Later, in his remarks, he

dissociated the two classes, and objected particularly to the reception of idiots. I refer to the subject, because the younger members of the Association can hardly realize, without personal experience, the phases through which the opinions of experts and the practice of our institutions have gone upon the subject of the treatment of epileptics, and what I regard as the sound views and practice, that now prevail. I regard, too, as very important that the sound and humane views and practice, that now prevail in the treatment of epileptics, should not be in any way shaken, that no doubt should be left in the minds of members, or of the community who may receive reports of our proceedings.

When I first entered the specialty, epileptics were often mentioned as a class that should be proscribed, or refused admission to the hospitals, and in language, oftentimes of bitterness, that was quite remarkable, going to show that there had grown up in the minds of the community and members of the Association an idea that epileptics were a kind of cursed class. I might add that numbers of the reports of institutions for the insane printed annually a statement that they did not receive epileptics. That opinion has gradually changed, and it has been manifest in the expressions of members of the Association upon that subject, until practically in 1866, some propositions were adopted that were designed by the mover, and by the Association, to cover that question as a matter of principle. Epileptics, as you will perceive are not mentioned. I will read: "All State, County and City hospitals for the insane, should receive all persons belonging to the vicinage designed to be accommodated by such hospital, who are affected with insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder."

The fifth proposition refers to the construction, organization and management of the hospitals. The sixth proposition was adopted as follows: "The facilities for classification, or ward separation possessed by each institution, should equal the requirements of the different conditions of the several classes received by such institutions, whether those different conditions are mental, or physical in their character."

A moment's reflection will convince any one, if he entertains any doubt upon the subject, that an insane epileptic is the patient above all others, that needs the protection of such institutions. They are a class of patients that are dangerous to themselves and to the community; and if there is any class of insane people, that more than another appeals to our true sympathies, I think it is the

insane epileptic. Personally I would apply, if it were in my power, this rule, not only to epileptics in classification, but also to dipsomaniacs; and hence, I have never appreciated the importance of separating criminal lunatics in ordinary institutions for the insane. It seems to me, if there was a proper ward separation, I would not object, but I would certainly object to a separate building for criminal lunatics.

Dr. KIRKBRIDE. Do you not make a distinction? The class, to which reference has been made, is criminals who became insane.

Dr. NICHOLS. I use the word in the popular way. I was about to make a distinction between the person who commits a wrong deed and is insane, and the person who commits a crime and afterwards becomes a lunatic. The objection is mainly to those who become insane after they have committed an act of crime and are undergoing penal confinement. It strikes me, it is difficult to draw the line between the merits of those concerned, and especially as such cases so often grow out of a loose, morbid condition of the mind. Many good men and women have been acquitted on the ground of insanity; but many who are acquitted are persons of bad life and bad character. Nobody has proposed to reject them; and in view of the difficulty there is in distinguishing between these two classes, I have never felt it so important practically to reject the criminal insane as some of my brethren do; but I do think it just as important as any of you do, that they should not be placed in wards with respectable people. If I did have them in connection with our ordinary institutions, I would have them in separate wards or separate buildings; I would prefer separate buildings. Dr. Green referred to the colored insane, and to consultations he had had with the Governor of Georgia, as far back as 1851. It will perhaps be a matter of personal interest, if not personal merit, for me to mention that in 1852, after the plans for the Government Insane Hospital had been drawn and adopted, by government officials, having authority in the matter, I visited our friend Dr. Stribling, partly to submit those plans to him and obtain from him any suggestions, or changes or improvements that he might make, and partly to consult him in relation to the care of the colored insane, having already learned that there were quite a number of such insane in the district, then provided for in the city, and which must be provided for in the projected Government Institution.

If I remember correctly, Dr. Stribling informed me that some effort had been made before the Legislature, I think, to provide

for the colored insane of Virginia; that he had expressed one view of the subject, and Dr. Galt, then in charge of the Eastern Lunatic Asylum, another view; and the consequence was, as the two superintendents of the State Institutions did not agree, the Legislature did nothing. The Doctor's view, if I recollect correctly, was what has since been done, that a central institution, or at least a separate institution in the central portion of the State, should be established for the colored insane. Dr. Galt was in favor of taking them into institutions then existing, and when not too violent, introduce them into wards of white persons, where they could act in the capacity of servants. It should be remembered, that at that time slavery existed in the District of Columbia, as in Virginia, and other States, South.

Upon reflection I concluded to ask Congress for the means to erect separate buildings for the colored insane, to take care of them just as we take care of the other insane. I think we had no patients when this building was commenced. In 1857, we opened those buildings, and all colored insane have been taken in and treated in the way I have mentioned. At that time a colored person was occasionally treated in our Northern Institutions for the insane. The association was more or less objectionable, according to circumstances, but it was gotten along with; and in Bloomingdale Asylum, before I left the charge of it, perhaps two or three, (not so many as half a dozen, I think,) were treated between 1851 and 1852. But so far as I knew, distinct provision for colored patients and the adoption of a distinct practical plan of caring for them, was made at Washington, and in 1857 the house was opened.

Dr. GREEN. What time was that?

Dr. NICHOLS. I am not quite sure.

Dr. GREEN. You say in 1857?

Dr. NICHOLS. That may be correct. Since the war it has been natural for the Southern superintendents to exhibit some zeal for the care of the colored insane, and two of the institutions, I think, claim they made the first provision for that race.

Dr. GREEN. I endeavored to have it done in 1851.

Dr. STRIBLING. Dr. Nichols is in the main correct as regards his visit to Staunton, and his conference with me. In my report to the Legislature of Virginia for the years 1844, 1845 and 1848, I urged that suitable provision be made for insane colored persons, and gave it as my decided opinion, that the interest of both classes required that such provision be entirely distinct and separate from institutions designed for whites, or that if from considerations of

economy it be deemed desirable to place the two classes under the same board of directors, and the supervision and treatment of the same medical officers, the building, and the airing courts should at least, be so located and constructed as that there could be no association between the whites and colored. At that day there were but few free blacks in Virginia; between the slaves, and the uneducated white laborer there existed a mutual prejudice. The former assumed an aristocratic bearing because of their master's supposed wealth, and professed to look upon the latter as their inferiors, designating them as "poor white folk;" whilst in turn these cherished towards them a resentful, and sometimes bitter spirit. It was believed that such antipathy, existing when in health, would be aggravated by the morbid state of feeling so frequently accompanying insanity, and consequently lead to altercations and acts of violence. Insane colored persons were never admitted into the Institution with which I am connected, but my friend Dr. Galt (now deceased) construed the law as requiring, or at least authorizing it, and received them into the Eastern Lunatic Asylum, at Williamsburg. If I mistake not, Dr. Brower, the present superintendent of that institution, found there about forty such, all of whom were not long since transferred to the asylum established solely for blacks, at Richmond. I regret having to state in this connection that, in my opinion, insanity is greatly on the increase with the colored population of Virginia, nor does this surprise me.

Those whose wants had in childhood, manhood and old age, been considerably supplied by their owners—who when sick had received prompt and skillful medical attention and were kindly nursed—were suddenly thrown upon their own resources for food and raiment, and when sick had no one to care for them.

As a general thing they are thriftless, and such as receive good wages for their labor often squander their money "taking no thought for the morrow." Poverty, intemperance, exposure, absence of all comforts, and of the necessities of life, followed by ill health, and mental derangement, are often the result.

Prior to universal emancipation, there was at no time more than about forty colored insane in the Eastern Lunatic Asylum, now there are in the asylum at Richmond, more than two hundred, and it is believed that, including these, there are not less than five hundred in the commonwealth.

It is to be hoped that the next generation will be better instructed, and as a consequence, will be more provident and the better able to take care of themselves.

Dr. LANDOR. What is the colored population of Virginia?

Dr. STRIBLING. I do not know precisely, but think it about 400,000.

Dr. GREEN. Is it less than before the war?

Dr. STRIBLING. My impression is that there has been some diminution, but to what extent I can not say.

Dr. GREEN. Dr. Nichols must have misunderstood me; I certainly did not mean to say that epileptics are a class not to be provided for. I have endeavored to have some separate provision made for idiots in our State. I am aware that epileptics constitute a number of our most violent and dangerous patients, and must be provided for somewhere; but there are a great many of that class absolutely incapable, from deformity and disease, of doing mischief of any kind, who ought to be provided for by their friends, or the different counties, and not allowed to fill up our institutions to the exclusion of others, who by timely proper treatment may recover. I did not certainly mean to say that they ought not to be provided for.

Dr. NICHOLS. It seems to me that Dr. Green and I mutually misunderstood each other. I agree with him entirely that they should not be provided for in connection with institutions for our insane. I was a little afraid that the Doctor would include insane people whose cases were complicated with epilepsy, in those he would exclude from institutions for the insane.

Dr. GREEN. I am unquestionably for provision for all insane people.

Dr. NICHOLS. In relation to colored insane, my memory was certainly at fault. Of course Dr. Stribling recollects his own efforts on this subject better than I would. It seems to me that I was more indebted to the Doctor for the plan pursued at Washington, than I thought, and I am very glad to acknowledge it.

The PRESIDENT. In regard to the introduction of visitors and strangers to the Association, permit me to suggest that, simply through inadvertence, it has been done, occasionally in a manner somewhat deficient in due courtesy and dignity. Such introductions hereafter will be first made to the Secretary, by him to the President, and by the President to the Association, who will rise to receive.

On motion the Association adjourned to 3 P. M.

## AFTERNOON SESSION, May 27th.

The Association was called to order at 3 P. M., by the President.

The President announced as the Committee on the time and place of next meeting, Drs. Callender, J. B. Chapin and Shew.

The report of the Auditing Committee was read by the Secretary as follows :

The Committee appointed to audit the accounts of the Treasurer, report that they have carefully examined the same, and find them to be correct, and they recommend that an assessment be made on each member of the Association, of five dollars, to meet current expenses.

J. A. REED,  
R. GUNDRY,  
D. B. CONRAD,

*Committee.*

Dr. Ray introduced to the Association a gentleman from Japan, Dr. Mayeda, stating that he is now studying in Philadelphia, and is giving particular attention to diseases of the mind, and methods of treatment. "He is accompanied by my friend and neighbor, Dr. Ashmead, who is directing his studies, and I ventured to assure them that the Association would give them a cordial welcome.

I can not help saying in this connection that it must be exceedingly interesting to us and to our particular work that this incident bids fair, I think, to be the first step towards the introduction of insane hospitals into that interesting country."

[The Association rose to their feet to welcome the visitors.]

Dr. BUTLER, (The President.) Allow me to say in the name of the Association, that we are exceedingly happy to meet him and give him our cordial welcome, and that the members of this body will extend to him every aid in their power. The movement in Japan is certainly one of the most remarkable events of the age, and we are very happy in thus meeting this gentleman at the present time.

[The members of the Association resumed their seats.]

The **PRESIDENT**. Gentlemen of the Association, there is another Committee to be appointed which I can not name without emotion. It is the one "On Nomination of Officers." This Committee will consist of Drs. Kirkbride, Stribling and Barstow.

It is in my opinion eminently proper that the President of this Association should be a Superintendent in active duty. Having retired from the Superintendency of the Retreat, and having also, occupied this chair for the full time determined upon in my own mind when elected to it, I hereby resign the office of President.

I pray you gentlemen, to accept my hearty thanks for the unvarying courtesy, kindness and forbearance which I have received from you all.

**Dr. KIRKBRIDE**. I think I express the feelings of the whole Association when I say that any circumstance which may lead our respected President to retire at this meeting, will be received with regret. I trust he will remain its presiding officer at least until the close of the present session, which would give time to the committee to make the nominations. I do not see that his having retired from his special duties as Superintendent, should cause him to retire from the Presidency of this Association. Our by-laws make him eligible to the position as long as he is connected with the Association. I am sure his retirement from the chair at any time will be received with regret, and, as I have already said, I trust that he will at least consent to continue in his present position during this meeting.

**Dr. Gray** then read a paper on some points in the Pathology of Insanity. As introductory the Doctor said:

I would first state that in the portfolio on the table are photo-micrographs of specimens from the healthy brain, also from acute, sub-acute and chronic mania, melancholia, dementia, epilepsy and general paresis. We found it difficult to secure a healthy brain; these specimens are from a vigorous healthy young man who was suddenly killed, the brain received the same day of the accident. A brief description of each case and specimen will be found which the members can examine. Since we have commenced the microscopic work, we have prepared something over five hundred microscopic slides of brain and nerve tissue, and taken over a hundred photo-micrographs.

What I shall read to you can hardly be entitled a paper or essay, certainly not exhaustive.

(The paper appears in the JOURNAL.) Since the preparation of this article, within a few days, I have read in the April number of the *Medico-Chirurgical Review*, a review of the literature of this subject, and also a paper by Rutherford and J. Batty Tuke. Some of the brain changes that are mentioned in this paper, in the review and paper now alluded to, are considered, and a difference of opinion is held by those writers, especially touching the existence of the perivascular space and its contents. They have reconsidered their views, and taken grounds opposed to Robin, Lockhart Clark and others; however, I do not propose to enter upon any remarks on those papers, and have only referred to them here, to say that they are a most valuable *résumé* of the best authorities in pathological investigations, and are well worth the careful attention of the members of the Association.

Dr. ECHEVERRIA. I had occasion last August, to pay a friendly visit to Dr. Gray, during which, I greatly improved my knowledge, among other things, by repeated examinations of most of the preparations that furnish the materials for his valuable communication. The first peculiarity that displayed itself strikingly on comparing the different morbid specimens, and indeed a most consequent one, as already noticed by Dr. Gray, was the great similarity between the alterations they exhibited of the cerebral tissue in the various cases.

I can not speak of the specimens without referring to the most admirable manner in which they had been put up by Dr. Kempter, as well as to his unsurpassed ability as a microscopist, and the wise precaution thus taken from the beginning by Dr. Gray to secure in his researches every element of precision and success. The results of my own microscopical investigations of the brain in epileptic insanity, agree essentially with those corresponding to the other forms of insanity described by Dr. Gray. I have considered the alterations in several of my cases as miliary sclerosis. I see no reason why such minute circumscribed degeneration might not play an active part, as surmised by Dr. Gray, in the etiology of hallucinations and other abnormal sensorial manifestations. I wholly dissent from the morbid origin of the perivascular sheath of the cerebral capillaries as advanced by Rutherford and Tuke. Being an intimate friend and pupil of Charles Robin, I had the opportunity of seeing several times, his own preparations of this perivascular sheath, that he discovered, and fully described in one of the first volumes, of Brown Séquard's *Journal of Physiology*. From what Robin then showed to me repeatedly, and my own subse-

quent microscopical study of the cerebral blood-vessels, I am satisfied beyond all doubt of the existence of the perivascular membrane in the normal brain. Robin did not explain the function of this sheath, but directly upon its discovery, and taking a bold step, he advanced that the perivascular sheath carried the lymphatic circulation of the brain, never before demonstrated. He has recently abandoned these views, and about two or three years ago, Dr. Gogi, an Italian physiologist, succeeded in throwing a coloring injection into the perivascular membrane. I would not argue what the functions of the sheath really are; but I repeat, that I am perfectly satisfied of its existence in normal brains and I have, like Dr. Gray, found it almost always more or less degenerated, in the frequent microscopical examinations I have made of the brain, in cases of insanity.

In epilepsy, as I have already published in my book, the perivascular sheath undergoes considerable degeneration, together with the sympathetic net work surrounding the cerebral vessels, and the coats proper of the capillaries become thicker, as it has been recently noticed also by Batty Tuke. In conclusion, the course so judiciously pursued by Dr. Gray, is the only one to settle whether insanity originates or not, necessarily from physical changes of brain structure. The question has been hitherto discussed mainly on purely speculative grounds; the interesting results that Dr. Gray has brought out, for our consideration, and my own personal study, convince me, however, that we can no longer deny the pathological truth that Dr. Gray's researches so efficiently help to confirm.

DR. RAY. I was glad to hear the paper, and bear willing testimony to its importance, as connected with future theories of mental disease.

We all know that the pathological anatomy of the brain has thus far furnished no grounds whatever, for a rational theory of insanity. Although the morbid changes have been described with the utmost minuteness in every form of insanity, yet we have been gradually coming to the conclusion that they have but little to do with the disease, being in fact, only the sequel of the disease or something else that has gone before. Indeed it had come to be regarded by many that the brain had nothing to do with insanity. I think Esquirol doubted if the brain was the seat of insanity. The use of the microscope has already accomplished much, and may be confidently looked to for greater results. The scalpel has finished its work. Judging from the observations made thus far,

there is great reason to believe that the microscope has put us on the right track of discovery, and that it may ultimately show where and how the disease actually begins. It looks as if those first initiatory movements, which have been hidden from us hitherto, are coming to light. I think, however, (and I may mention it for the benefit of those who are intending to pursue anatomical investigations,) we ought to guard against reaching conclusions with too much dispatch. The results of microscopical observations must be confirmed by many successive observers, before their accuracy can be placed beyond dispute. So far, it must be confessed, they have been more remarkable for discrepancy than agreement.

One of the conclusions to which Dr. Gray adverted, suggests the question, why, if the radical pathological change is very nearly the same in all forms of insanity, why should the result be so different? I take it that the only conclusion that we can draw is, that this variety depends not upon the quality of the change, but the seat of the change—that all the difference is made by the location of the lesion—that while one part of the brain is perfectly sound, another being diseased, gives rise to certain mental manifestations, because it is this or that portion of the brain and not some other; and so the principle is established that you may have a certain part of the brain connected with a certain form of unsoundness. And then I do not see how such a conclusion as that does not conflict with the idea which many are disposed to adopt, of the solidarity of the mental qualities. Does it not furnish ample ground for that other conclusion, that some faculties or powers of the mind may be disordered, while others remain sound? The emotions may be disordered while the intellect is sound.

Dr. EARLE. I am not specially prepared to discuss the paper. I would say, however, that I rejoice that investigations in this line are being pursued. It is what I have been looking to, for many years, as the only hope in connection with chemistry, of arriving at the truth in regard to the ultimate nature of insanity. It appears to me that there are some facts which oppose the theory that these physical changes are either the cause or the consequence of the mental disease. Assuming that the insanity depends upon them, why is it that old, many times very old cases, long believed to be incurable, suddenly recover? A very interesting case was related to me to-day by Dr. Callender, of a woman, who, although for seventeen years considered incurable, suddenly got well. We have had a case at Northampton, within the past two years. The patient was an elderly lady, who had been in the

hospital between eight and nine years, had previously been at the Retreat, at Hartford, and who ever since I became connected with the institution, had been considered incurable. She unexpectedly began to improve, and soon fully regained her mental health. Every gentleman who has been in the specialty any considerable length of time, must almost undoubtedly, have had personal knowledge of similar cases. I do not know how we can reconcile some other cases with the facts of these organic lesions, assuming them to be such. While I was connected with the Asylum at Frankford, there was among the patients, one of the most abject of that class of cases, of young men, which are generally attributed to masturbation. One day I heard a great deal of noise in the airing court, and went to see what was the cause of it. I found this man keeping the other patients and the attendants, who were with them in almost continuous laughter, by the most brilliant exhibitions of wit. There was a sparkling of the intellect, which would have been creditable to anybody. It lasted an hour or two, then passed away, and he has never shown anything like it since. Those two classes of cases, as it appears to me, are obstacles in the way of the assumption that these changes always accompany the disease.

Dr. KIRKBRIDE. My observations accord with those of Drs. Ray and Earle. In the first years of my connection with the Pennsylvania Hospital for the Insane, it was our rule to make as careful examinations as possible, without the microscope, in every case of death, where the consent of friends could be obtained. I have now a large accumulation of details which were so uniform in character, that as the amount of work increased, we gradually got out of the way of making these examinations with regularity; feeling almost able to say what was going to be the post mortem appearance. We must not expect too much aid in treatment from the microscope or other modern modes of investigation, interesting as they are. There are many cases in which I do not believe any microscope will ever detect any change in the brain; and yet I have no doubt whatever of the brain being the seat of the disease, just as in some cases of marked dyspepsia, the greatest care in a microscopical examination will fail to show any change of structure. The recoveries in cases of insanity of long standing, are very marvelous indeed. The most striking one that ever came under my notice, was that of a lady, who had been in the institution now under the care of Dr. Worthington, and was considered hopelessly incurable, before she was brought to us, as many of her friends have frequently said to me. After seven years of con-

tinued dementia, she began to improve, and a whole year passed before she was perfectly well. She lived many years after her recovery, was in the habit of visiting us constantly until her death, which was caused by an attack of fever, which prevailed in the neighborhood in which she lived. My impression is, that in the year before she began to recover, there would have been found organic changes in her brain, but which at the end of the year would have disappeared through the operations of nature, that helps us so much in all our treatment. I will only add that these photographs shown by Dr. Gray, are beautiful specimens of art: and I think we will all be struck with the uniformity they exhibit in certain forms of disease, general paralysis for instance.

Dr. ECHEVERRIA. The similarity of lesions pointed out by Dr. Gray is not an exceptional phenomenon. The same thing happens with spinal diseases, as demonstrated by Lockhart Clark, whose experience on the subject has been unsurpassed, and who after examination of thousands of specimens of diseased cord, declares, that given a specimen exhibiting a degenerated section of the spinal cord, it is almost impossible to predicate the character of the disease produced by such lesion until we take other data into consideration. Thus it is that sclerosis of the posterior columns originates locomotor ataxy, whereas located in other regions of the spinal cord, it may give rise to different paralytic or neuralgic symptoms.

I look upon the remark made by Dr. Gray to account for the variety of forms of insanity, by the difference of the cerebral regions involved in the lesion, as a very important one, and beg to differ with Dr. Ray, that if it were proved, it would militate against the doctrine of the unity of the mind. The reasons for my belief are easily demonstrated. We know the sciatic nerve is distributed to the muscles of the leg, endowed with different locomotory functions. We admit also that only one nervous force circulates throughout the whole nerve, though it materially differs in its ultimate effects, as it calls into action antagonistic muscles animated by the terminal branches. In like manner the mind operates upon the brain, without dividing itself, but should a lesion impair the structure of a portion of the organ, the intellectual operations to which this portion ministers will be disordered, occasioning some form of insanity, just as the leg's movements of flexion are deranged upon injury of the flexor muscles.

In regard to sudden recovery from insanity, my experience has of course been a great deal shorter, than that of the gentlemen

who have preceeded me in their remarks. However, I have had occasion to observe a large number of insane patients without as yet meeting with an instance of instantaneous recovery. There have been some cases, I had regarded already as incurable, where, as in that mentioned by Dr. Kirkbride, the recovery was effected slowly, in a generally unnoticed manner. That there are many diseases caused by the organic lesions nobody will entertain any doubt, notwithstanding the great rapidity with which they may disappear; whereas we frequently come across cases that recover without any treatment of importance. Another fact that tends to explain the recovery of old standing cases of insanity—and I believe Dr. Gray alludes to it—is, that nerve cells are the most resistant nervous elements, wherefore their complete disintegration generally occurs in the last stages of the disease. Bearing these different facts in mind, I see no difficulty in comprehending that a man who has been for a long time insane, may recover without the recovery being effected instantaneously, but in the way explained by Dr. Kirkbride.

Let me simply say, to what has been stated concerning the aid that the microscope has so greatly afforded to our pathological researches, and the confidence of those who put their faith in the forward steps that are yet to be accomplished by the disclosures of this instrument. Ten years ago pathologists acknowledged in despair that no lesions could be demonstrated in cases of tetanus, and, indeed, many who had called the microscope to their assistance, failed to detect them, until Lockhart Clark demonstrated that under high magnifying powers, we can always detect a distinct degeneration of the grey substance of the cord. Similar structural changes have been discovered in hydrophobia, and I have proved the alterations undergone by the spinal cord and sympathetic ganglia in cases of so called reflex-paralysis. For all these reasons let us at least be cautious in arriving at hasty decisions against the microscope, as they are in reality deserved by those who without sufficient skill employ the instrument. Lastly, the sceptical on the subject, will find their doubts removed by looking over the recent researches of Batty Tuke, who, aided by high magnifying lenses, has succeeded in always detecting structural changes of the cerebral tissue in cases of insanity, hitherto described as unattended with physical lesions.

Dr. GUNDRY. Did I understand the paper to say that in all cases of mental hallucination, there was some definite, specific or fixed pathological lesion?

Dr. GRAY. No, sir.

Dr. GUNDRY. I was going to ask whether the investigation, taking that shape, could be directed to that point, and whether a certain number of facts being gathered at this point,—that certain specific lesions are combined with certain classes, or certain species of mental hallucination,—whether the pathological lesion would be the same, varying in locality, or whether pathological lesions would be different, where the locality was the same. These are points, I think, which would help to solve a very important point; for instance, the point whether hallucination itself is a proof of insanity. It has been some years, unfortunately, since I was given to microscopic investigations; but I remember enough to appreciate the labor taken to get up this paper. I would like Dr. Gray, if he can, to give some attention to these points which I think would help to solve a very important question.

Dr. GRAY. I suggest in my paper, that there might be some investigation and some light thrown on that subject. Von der kolk says "I do not remember to have performed, during the last twenty-five years, the dissection of an insane person who did not afford a satisfactory explanation of the phenomena observed during life." I can not pronounce this a fact from my own observations.

Dr. GUNDRY. I wish, remembering my old studies, to make one simple remark. If we have all the lesions discovered or not discovered, we are not to forget one thing, the quality inherent in the cells; that that which makes one man different from another, and which prevails in the whole congeries of cells, must pervade each cell and must enable the whole body or any portion, to resist more powerfully the approaches and attacks, than the same part found in other persons. In other words, that one man may have one lesion, another man the same lesion and yet the effects in each may vary as to the quality inherent.

Is it the effect of *fatty degeneration*?

Dr. GRAY. Not entirely; all this is explained in the printed matter found in the portfolio alluded to. Dr. Jacobi and Dr. Mary C. Putnam, both of whom are acknowledged pathologists, and have given the subject more attention than I have, while on a visit to the asylum, and examining the slides, and specimens of prepared tissues, thought it must be so; the doctors went over the experimental tests and found they were not; in these photomicrographs the fatty degenerations are referred to and pointed out as well as those of a different character.

I well appreciate the remarks of Dr. Ray, as to the caution nec-

essary in drawing conclusions from the data, derived from limited investigations; therefore in speaking of the conclusions it must have been observed that I considered them as mainly prospective; however, if investigators should finally show that a theory which I have heretofore held was untenable under the facts, I should not hesitate to let the theory go. The investigations we have entered upon have rather been with the view of developing facts to present to the profession, which, with those of other investigators, might ultimately serve as a basis for sound conclusions. In reference to the question of Dr. Kirkbride, as to how a cure could be effected, if these morbid changes were found, I think the remarks of Dr. Echeverria have answered him fully except perhaps on one point, of the probable reabsorption of elements. There can be no doubt of the existence of these morbid products as shown by microscopic observation; probably the same physiological laws prevail in the nervous system as in the other tissues, and certainly it is nothing new to say that reabsorption constantly occurs, the cell may be so pressed by the proliferation of connective elements as for the time to arrest the functional activity, yet its integrity may remain and the reabsorption of amorphous matter, which thus acts only in a mechanical way, may give relief, and a return to soundness occur. The case of acute mania here given is not subject to the criticisms which I have heretofore made upon my own cases of acute mania, that is, that a series of changes had occurred from the initiation of the disease, obscuring some of the original changes; in this case, death occurred from sudden acute congestion of the lungs. It seems to me, just the case to answer the criticisms of Drs. Kirkbride and Ray, and meet the doubt of Dr. Kirkbride as to the real lesions, that occurred in the organic structure, at the very onset of the disease. He seemed to question that lesions might thus be distinguished by microscopic observation. There are few cases of acute mania where death takes place from conditions outside of, and disconnected with the lesions of the brain; this was therefore a fair case to demonstrate the real pathological condition in the early stages of mania. As the case of healthy brain, the man being suddenly killed while in good health, it will be observed how markedly different they are—the sections in each case being taken from the same portion of the brain. In answer to the suggestion of Dr. Gundry, I would state that the case he refers to was moribund when admitted; the man had sometime before fallen backwards while lifting a piece of lumber, and struck on the back of his head, and though described as having “lost his

senses" for a time, he immediately afterward seemed to be in his normal condition, and returned to work as usual; however, he soon began to complain of dimness of vision, flashes of light before his eyes, that he saw blue and other colored stars, had hallucinations of hearing; then gradually failed in mind, and shortly before he was brought to the asylum, became delirious and subsequently maniacal.

The first sections were made, immediately after death, of the optic nerve, between the chiasm and optic foramen; the photomicrographs are from these sections and show the diseased condition of the vessels, and well represent the aneurismal dilatations of Charcot.

Dr. Echeverria has referred to the opinion of Robin, as established, as to the existence of the perivascular space. Dr. Batty Tuke makes the suggestion that what seems to be a perivascular membrane is merely the prolongation of the pia-mater following the vessels, but confesses he has not traced these prolongations. It would seem in looking at these specimens before us, both of the normal and diseased brain, that a perivascular membrane exists; we have thrown, by the aid of the camera lucida, the specimen upon a sheet of white paper and also upon a screen six feet in diameter; thus each element can be multiplied forty thousand diameters, though distinctness is not maintained under the highest multiplication.

The recent discoveries in regard to lesions in tetanus would seem to throw some light upon this subject; there we have a somewhat similar and rapid proliferation of elements embarrassing the functional action of the spinal cord. In verification of the remark by Dr. Ray that men should be careful in the enunciation of medical theories, I would say that it is very unsafe to assert that patients die insane, in whom no lesions can be found in the brain or cord; this is certainly contrary to the experience of all who use the microscope.

The investigations at Utica were commenced several years ago, and after being carried to the extent of showing that they might be of value to medical science and thus to social sciences as well, the Legislature created the office of special pathologist, which Dr. Hun filled to the present time; this position is now occupied by Theodore Deecke, who has for fifteen years devoted special attention to microscopical work. My assistant physicians have interested themselves in this department, and Dr. Kempster, now Superintendent at Oshkosh, Wisconsin, who, I have hoped, might be pres-

ent here, acquired the art also of photography, and as you will see from these specimens here, the art of photo-micrography. I was not disposed to read my paper till this morning, thinking he might be here to-day.

Dr. RAY. It is certainly a problem in pathology, and probably always will be, how people sometimes apparently recover, when we have no reason to suppose that the organic lesion on which the disease depends, has materially changed. That this phenomenon is not unfrequently observed in regard to many bodily diseases, especially phthisis, everybody knows. It does not necessarily imply that there has been an absorption of the morbid product (when such a product exists); that may remain as much a fact as it ever was. I am not prepared to say, however, that these improvements, whether in bodily or mental disease, are equivalent to perfect recovery. If Dr. Earle had assured me he had examined that patient thoroughly—tested her thoroughly enough to bring out the various faculties of the mind—and had found that she was not at all deficient; that she had as well preserved a mind as she ever had; I would of course bow to the fact. These famous cases of ostensible recovery from long continued insanity, have never, so far as I know, proved to be much more than a cessation of excitement. When tried with any active exercise of mind, the mental deficiency has been made obvious at once. If recovery was really effected after twenty-seven years of disease, it is certainly a very extraordinary fact. I wish the Doctor would tell how much examination he made of that case.

Dr. EARLE. The case I mentioned first was that related by Dr. Callender. The one subsequently referred to was under my own care. The patient had been in the Northampton Hospital between eight and nine years; and had before been at the Retreat, at Hartford. It was nothing like twenty-seven years.

In the case at Northampton, I did not subject the lady to those tests, to which Dr. Ray has alluded. She appeared to be well; and, after she had been home some months, her sister informed us that she considered her perfectly well.

Dr. GREEN. I have seen three such cases, which, so far as any observation goes, were certainly cured. One of these cases was a Baptist minister. That man had been insane twelve years, and was three years in the asylum when he seemed to recover, and in a year afterwards resumed his duties as preacher. When I last heard of him he was engaged in his duties as minister over his charge, and doing as well as ever before. So far as examining

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him mentally, an opportunity has not existed for doing so, since he left the asylum; but so far as information goes, he is as well as he ever was.

I know an excellent lady, too, who had been sixteen years insane. For a number of years she was an inmate of the asylum at Columbia, when she was brought to us. After being with us some time, she was much improved, and went home. She remained there but a month, when she expressed a desire to come back. She remained two years longer in this institution when she became as she herself believed, and as I was satisfied, perfectly well. Four years after that, I was called upon to go down to the city of her residence and give an opinion in regard to the mental condition of a man who had killed his wife. While there I spent a day with this lady, who to all intents and purposes seemed to be certainly of perfectly sound mind. She is very much attached to the institution and often writes to us. She is intelligent, with a not very remarkable, but fair, education.

Dr. CALLENDER. Of the patient who has been in my charge seventeen years, I think I made the remark to Dr. Earle, after a critical examination of four or five months, that if she was not a perfectly recovered patient, I had never seen one. I confirm what Dr. Ray says that many of these cases are simply cases of remission and not recovery. With every interview, I have continued to be confirmed in my belief that she is going on to recovery. She was admitted in the year 1856, and has not yet reached her characteristic period.

Dr. ECHEVERRIA. The discussion, as it appears, wanders considerably from the point under consideration, to wit: whether recovery from insanity can take place in an instantaneous manner. None of us doubt that old standing cases of insanity may recover, but as Dr. Ray very justly remarked, it has never been ascertained whether such persons did display the same intellectual capacity after their cure, as prior to their insanity. If recovery is brought about in the same so-called sudden manner observed with other diseases, the phenomenon displays nothing extraordinary, but if on the contrary the cure is truly instantaneous, then we must give up our belief in physical organic change as the essential element of disease; unless we admit, turning to chemistry, the possibility of some sudden molecular reaction in the original composition of the anatomical elements that brings them back to their normal arrangement.

It happens, however, that we have not got to that perplexing

end of the question. We often meet with local inflammations setting in with the most threatening signs of suppuration, or again with acute inflammation, and even swelling of the joints, which, contrary to all expectations, gladly surprise us with their rapid though not instantaneous disappearance. It is therefore very rational and conformable to every fundamental principle of pathology, to admit that in the cases of insanity, under consideration, the cure takes place in the manner just explained, rapidly, perhaps, but not instantaneously. At all events, instantaneous cessation of the brain disease is not warranted by any positive evidence. The evolution of disease is a complex phenomenon, we can not practically regard as an abstract entity, appearing or disappearing in such singular ways. Keeping ourselves within what we observe with the nervous system, that chiefly concerns us, we find self-evident, the correlative action between its different parts that bears out my assertions. The loss of one sense is followed by greater acuteness of the others, the cerebral deficiency of imbeciles does not impede their being sometimes endowed with peculiar aptitudes, by which they excel even persons of perfect cerebral organization. Morel recently reported the instance of a man whose weak and low intellect immediately developed itself, upon the outbreak of the first epileptic fit, to such high degree, that he became a good architect, and subsequently studied with great perspicuity Comte's work on philosophy. And, under whatever metaphysical light we may look on these cases, there is one fact in them we can not eject, which is for us the standing point; namely, the existence of a defect in the cerebral organization of such individuals. The laws of general pathology are fixed and could not, indeed, be altered to suit every obscure case. We may not always understand the incubation of disease, but we know with pretty accurate preciseness how its progress is effected, and that it necessarily involves for its existence, a disturbance of a material nature in the organic structures. Therefore, so long as we will be unable to produce a positive demonstration of morbid physiology, resulting upon functioning of anatomical elements, not disordered in their intimate normal arrangement, or prove that these elements can pass, equally with our thought's quickness, from a deeply-disturbed to a perfectly sound functioning, the instantaneous cure of insanity rests on a no less gratuitous and theoretical foundation than the existence of instantaneous mania, and consequently its assumption could not invalidate the conclusions to be derived from facts of such positive experience as those presented by Dr. Gray.

Dr. MEAD. In response to the question that was put in reference to instantaneous recovery, I will relate one which occurred in my experience in 1847. It was a case of acute mania, and of less than one year's duration. After being under treatment for a few weeks, I visited her as usual one morning, and to my surprise and gratification, I found that she was entirely rational. The case was kept under observation for some little time; no recurrence of acute symptoms occurred and she remained well. I had no opportunity to compare her condition after recovery, with what it had been previous to the attack, because she came to me as a patient; but the statement of the friends was, that she was just as well as she had ever been. She visited us once or twice after that, and there were no indications of a disordered mind.

Dr. LANDOR. It happens, by a very curious coincidence, that the subject we have been discussing bears very much on a paper I am about to read. My subject is "Hysteria in children as Contrasted with Mania."

After the reading of the paper, the Association, on motion, adjourned to 7 1-2 P. M.

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EVENING SESSION, May 27th.

The Association was called to order at 7 1-2 P. M., by the President.

The Secretary read a letter from Dr. Jarvis, respecting the interchange of reports between the American, English and Continental Hospitals.

On motion of Dr. Nichols, it was

*Resolved*, That the Secretary be requested to communicate with Prof. Henry, of the Smithsonian Institution, in relation to the transmission of reports of hospitals in this country, to hospitals in Europe, and the reception of foreign reports by the Superintendents of hospitals in this country.

The discussion of the paper read by Dr. Landor, was then resumed.

Dr. RAY. Mr. President, I will simply mention one impression made upon my mind, by the paper just read, and that is, the necessity of recurring now and then (more frequently than we do) to homely, plain, familiar truths. I fear the tendency of the

present time is too much to go to seek for truths in far remote, and distant fields, to the neglect of those nearer home. Not unfrequently scientific inquirers make the mistake which my venerable mother once did, I recollect, when she called me from my play, and sent me off to a neighbor's in quest of her spectacles, while they were all the time, as I observed on my return, resting on the crown of her own head. Thus by working in the old paths we have the advantage of all the discoveries and experiments made by others, and which are more likely to lead to fresh results, than we are likely to get from inquiries in new and untried directions.

I trust others will remark upon the paper, although the truths it contains are old and homely, they are none the less valuable for being so.

Dr. Earle called attention to some facts of interest in regard to the Tuke family of England.

On motion, the Association adjourned to 9 A. M.

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SECOND DAY, May 28th, 1873.

The Association was called to order at 9 A. M., by the President.

Dr. Echeverria commenced the reading of a paper, on Epileptic Insanity, in the course of which the hour of adjournment arrived, and the reading was postponed for the present.

Dr. Kirkbride from the Committee on Nominations, reported that the Committee had agreed to report Dr. Charles H. Nichols, for President, and Dr. Clement A. Walker, for Vice-President. The report was unanimously adopted.

Dr. BUTLER. (The retiring President.) Gentlemen, no word of introduction is necessary, no word of commendation can be required in introducing to you Dr. Charles H. Nichols, whom you have just elected as our President. You have long known him. The history of his connection with the Association, most amply justifies the gratifying confidence you have expressed by your unanimous vote.

To you, Mr. President, I offer my cordial congratulations.

## SECOND DAY.—EVENING SESSION.

May 28th, 1873.

The Association was called to order at 7 1-2 p. m., by the President, Dr. Nichols.

The Secretary requested the Association to decide definitely whether it would visit Bay-View Asylum, as the Trustees were anxious to know, so as to make the necessary arrangements for the Association.

Dr. KIRKBRIDE. In view of the engagements that the Association has already made in special reference to several institutions for the insane, it appears to me that it will be quite as much as we can do to visit them; and that much as we may regret it, it will be out of our power to accept the invitation of the public authorities to visit the Alms-house. I would therefore make a motion, that the Secretary be requested to inform the authorities of Baltimore, that while we should be glad to visit the Alms-house, it is out of our power to do so, on account of other engagements.

The motion was agreed to.

Dr. Echeverria resumed, and concluded the reading of his paper on Epileptic Insanity.

The PRESIDENT. Unless the Association otherwise direct, the next thing in order will be the discussion of the learned paper just read by Dr. Echeverria.

Dr. KIRKBRIDE. I have been very much interested in this paper and feel under obligation to the Doctor, for the great pains and labor he has bestowed on its preparation. I do not think there is any subject, connected with insanity, that appeals to our sympathies more strongly than the condition of the epileptic insane. The remarks which you made yourself, Mr. President, upon a previous occasion are most strikingly true. Until a short time since, there certainly seemed to be a tendency among our members, to feel so little appreciation of this form of insanity, or this class of patients, that I am exceedingly glad the Doctor has seen fit to bring the subject so fully to the notice of the Association. I do not know that there is anything in his views from which I dissent, in regard to this form of insanity, or in regard to the responsibility of persons suffering from this kind of disease. The num-

ber of these cases is now exceedingly large, and certainly some definite principles ought to be recognized in reference to their proper treatment. I hope this paper will be one step towards securing this.

Dr. WALKER. I can not let the paper pass without expressing to the author, my sincere thanks for his labor in bringing this subject before us. I am satisfied that this is a more important subject than many of us have any adequate idea of. I believe that our gallows have heretofore been fed with victims of epilepsy, that the disease has, in some way, not been discovered by the medical men, who have investigated the cases, and that those, even, who have suspected it or traced it, have failed in many cases to trace it so plainly that others could see it; that the courts have disregarded the opinions that have been given, and the victims have gone down to their graves in consequence. I believe that it behooves us all, when called to examine cases of unusual and unexplained violence, to bear in mind this subject of epilepsy, its frequency, its compact and settled nature, and how generally, when cursorily examined, it may be entirely overlooked.

I remember some four or five years ago, examining a person lodged in jail under the charge of murder. I had from that evening until five the next morning to investigate the case. I went to the jail and found the young man, who, some weeks before had taken the life of his sweet-heart upon the street. Upon examination, knowing nothing of his antecedents or friends, I was strongly of the impression that he was a victim of epilepsy. At midnight I started out to find his friends in an unsafe location in Boston. I found them, and after an examination of two hours and a half, I failed entirely to find evidence sufficient to confirm my suspicions. I went into court next morning and stated, as strongly as I could, that I believed him to be an epileptic, and that I thought the disease would be found to exist. I failed to satisfy the jury; he was convicted of manslaughter and sentenced to prison. Upon being taken up to the court to have sentence pronounced upon him, and while the judge was uttering the sentence, he fell into what was reported to be a violent fit, so violent that several officers,—and he was a young fellow not much over fourteen,—failed to control him. A physician was sent for, who etherized him, and he was sent back to jail. The physician testified, that he thought the fit was feigned, and did not see any good evidence why it was not. I was not called in the case again; about a week after, he was called up for sentence again, when he was brought in by one door,

walked through the room and taken out by another door. It was ordered by the court that the prisoner be sentenced while walking through, lest he might have another fit. Twenty-four hours after confinement in prison he had a fit. This was over when I was called upon to go and see him; when I entered he bore unmistakable evidence of having had a fit. He had another soon after. It was severe, but when over he went on with his labor like other men. I made proper application to the court and he was transferred to the hospital in my charge. There I learned from his friends, that for years this young fellow had been in the habit of going upon the roof and dancing in the most dangerous positions. The neighbors called it "dare devilment." For years he never slept out of his mother's room. After these dangerous feats at night, he was tied, hands and feet, so that he could not get up. Next morning he would protest against such treatment, and declare he did not know why he was tied; yet, when I asked his friends whether he had had fits, they, in their ignorance, said "No, no," to everything I proposed. The young man remained with me four years, and I think has recovered. I am not certain of it however, but he is out in the community and doing pretty well. I have heard of no violence or strange indications since he left the hospital.

THE PRESIDENT. How long did the fits continue after his admission?

DR. WALKER. Nearly a year before they were arrested. I have no doubt he had *petit mal*, probably for years, before he committed this assault upon the girl.

DR. KIRKBRIDE. Upon what ground was he liberated?

DR. WALKER. He had not had a fit for three years. He was doing remarkably well in the hospital, and was a good patient. During the latter half of the time he was in the hospital, I could not see that he differed at all from a majority of discharged patients. He was there for a longer time than he was sentenced to remain in prison, and ran away; his friends secreted him, and I could not learn his whereabouts for three or four months. I then found he was doing well, and have not troubled myself about him since. About the time of his departure, I was not prepared to discharge him as a recovered patient, and did not record him so on the books. He protested that he had no recollections of following the girl into the street, striking the blow, or carrying the bread knife home.

DR. GRAY. You did not believe it?

Dr. WALKER. His friends did not; I did. I recite this case as one of more than half a dozen, that have come under my observation during the past dozen years. I stated that it was manslaughter. It was an attempt to murder. The girl did not die. If it had been murder, I have no doubt before we could have found grounds for interference, the young man would have been hung. I have no doubt that, with the prosecuting authorities we now have in Massachusetts, he would have been hung, in spite of his disease. I remember another case, a few years ago, which I was called to examine in company with Dr. Ray, where the representations made by the court were such, that if he would offer to retract his plea of not guilty, and plead guilty, he would be sent to state prison. I cite this one case only to bring home to us all, the important lesson of investigating, in the most thorough manner, all these novel cases that may come under our observation, and although we may fail to find evidence, among the friends of the parties, of epilepsy, if the conviction is clear in our own minds, to leave no effort untried to find it out, not only for the good of the unfortunates themselves, but for our own peace of mind in the future.

Dr. GREEN. I do not exactly understand the position assumed in that paper, that in cases of epilepsy, when a man is conscious of the act which he has committed, he is thereby to be held responsible, that he is irresponsible only when he has no recollection of the act which he has committed.

Dr. ECHEVERRIA. Dr. Green misunderstands my remarks, and the quite opposite position I take to that he has just stated. I hold from the very fact that an epileptic acts unconsciously by reason of a fit, he has no power to control, that he is irresponsible. Whenever it shall be demonstrated that such condition of epilepsy was existing at the moment of the misdeed, the epileptic becomes irresponsible, although he might have had a knowledge of his acts.

Dr. GREEN. There was a case of a very remarkable character that occurred in Albany, Georgia, at the trial of a colored man for murder. I advised the lawyer in the case, who thought the legal fraternity to be better doctors than we were, to subscribe for the *JOURNAL OF INSANITY*, and Dr. Ray's work on *Medical Jurisprudence of Insanity*, and to read them. He did so pretty thoroughly. I was in Albany at the time of his trial, and heard it. The colored man was in Albany, and it was known at the time that he had had three convulsions in that city. In the evening he went out and met an old colored man with whom he had no acquaint-

ance, he fell upon him with a bludgeon, and literally beat his brains out, as testified by a colored boy about fifteen years of age. The medical fraternity of the city testified, that a man who had had epileptic fits for twelve years should be held responsible for his actions; that the fact of his having epilepsy for such a long time, should not be ground for irresponsibility. The jury found him guilty of murder, but, fortunately with a plea for mercy. He was sent to the state prison, and after six months died in an epileptic convulsion.

Dr. ECHEVERRIA. Was it proved that he was suffering from epilepsy when he committed the deed? Was he truly rational at the time of the attack, or was it really the fact, that he exhibited an apparently conscious condition when he struck the other man?

Dr. GREEN. I was not there, but a detailed statement of the circumstances was enough to satisfy me. I stated the fact to show that the man was wholly insensible, and yet a man in good standing as a regular practitioner, testified that he was wholly responsible. I simply wished to ask the question whether you mean to require that an epileptic, committing a criminal offence, should exhibit unconsciousness of the fact afterwards, to render him irresponsible?

Dr. ECHEVERRIA. As a general thing their acts are unconscious acts.

Dr. GREEN. I saw an illustration in our own institution, in which a colored patient killed a colored attendant. I was in Milledgeville at the time of the occurrence, attending a funeral. I returned about dark, when the colored attendants came to me with the information that the colored man was in his room and had a knife, swearing he would kill anybody who attempted to enter. I went down there immediately and found quite a gathering of the colored men employed about the place, with one or two white attendants, all afraid to go into the man's room, fearing he would kill somebody. He had killed the man with a knife, the result of gross carelessness on the part of an attendant. I told them to unlock the door, that I would go in, and I did so. I insisted that he should come out, and I asked him why he had committed this extraordinary act of violence. He simply denied it, declaring that he had not hurt anybody, and that such was not his intention. I had his room searched but no knife was found. I wanted to see whether he was unconscious of the act, or whether he was conscious of it, and denied it, as many others had done. He has shown no evidence since of any knowledge at all about it. His colored brethren

were disposed to make quite a serious matter of it, that I did not have him arrested and have him hung. I told them to make complaint and have him tried, that I should do no such thing. He has continued to have epilepsy since that time.

The PRESIDENT. From your knowledge of his veracity and candor, and knowing best his mental condition, is it your impression he was unconscious when he committed the act?

Dr. GREEN. I certainly thought so, sir, and still think so, though he acted in a manner which would justify a belief that he was not. He had been for several days threatening to kill these colored attendants, and swearing to do so on the first opportunity, being incensed against them on account of making his escape into the yard, and being found and brought back by them. I never heard or knew any other reason, but subsequently to that he became very much excited and constantly made these threats. As I said, the killing was the result of the most unaccountable carelessness I ever heard of. There was a large room which we were accustomed to use for dining purposes, and there were two rooms opening into it, one used as a pantry and the other occupied by the attendants. They were admonished very often about the importance of not leaving a knife or other missile by which the patients could do any injury to themselves or others. Only two or three days preceding this occurrence my first assistant was in this room and noticed a piece of iron bar, probably about two feet long, lying upon the table, to which the patients had access. He remarked to the very man who was killed: "If you do not take better care about having such things lying around here, you or some of those around you will have your brains knocked out." They were required to cut wood and put it away for wet or cold weather, and were uniformly instructed to leave the axe used under the bed in the locked room of an attendant, to which none of the patients had access. They had grown careless about this matter, and sometimes left the axe upon the top of the wood in the pantry. At the time of the accident they had just had dinner. Two of the men went into the pantry, when this man got up from the table and passed right behind them to the wood-pile. One of them saw the patient walk up to the pile of wood to break off a splinter, as he thought, and turned away to his eating. In an instant the axe was buried in his fellow attendant's skull. The man walked across the room and soon bled to death.

Dr. SHURTLEFF. I would like to ask Dr. Green one or two questions in regard to the case he has just referred to. It appears to

me very much like some cases that have occurred in my own experience, where threats have been made and carried into execution, but the violent act was really done with a delusion in reference to the person killed. I would like to ask whether this person entertained any delusions with reference to the person he assaulted?

Dr. GREEN. He did not speak of any special reason other than his animosity to them all. He did not state why he committed the act.

Dr. SHURTLEFF. It does not satisfy my mind that the cut was made in an unconscious state, when he was constantly making these threats.

Dr. RAY. I think I have seldom listened to a paper before this Association of greater practical importance than this of Dr. Echeverria. It contains a large mass of valuable, well assumed, well digested information on many of the phenomena of epilepsy which are still in great obscurity. The history of epilepsy in all its relations—its pathological anatomy, its physical symptoms, its effect upon the mental faculties—all these phenomena are matters on which there still is much to be learned, and it appears to me the more we do learn of it, the more we are made aware of our own ignorance; and the farther we advance, the more apparent it is that we have still further to go. The disease, in its early stages, is seldom seen by any one fitted to make any very accurate observation respecting the mental condition of the patient. Ordinarily, physicians regard it as simply bodily disease. They are called in to prescribe for bodily symptoms or bodily conditions, and with them it is merely a case for drugs. The mental condition has but a subordinate place in their thoughts, and when insanity appears, the patient is transferred to the hospital. Then when he reaches the hospital the physician labors under the disadvantage of knowing scarcely anything of the person's condition, especially the mental. Hence it is that we are obliged to witness this discrepancy of opinion in regard to epilepsy in connection with criminal acts.

We scarcely find any two instances in which medical men can agree upon that subject; and if the paper has no other effect than to call attention to those obscure conditions of the mind produced by epilepsy, previous to the full development of insanity, it will have served a most valuable purpose.

With most of the Doctor's conclusions I fully concur. In regard to a few of them, I need only say that they have not been confirmed by my own observation, but they are of secondary importance, and I doubt not, are more or less supported by his observations.

I may not have perfectly understood the Doctor, but he conveyed to me the idea, that in his opinion, all cases of so-called instantaneous, transitory mania, may be referred for their efficient cause, to some form of epilepsy. This may be so, but inasmuch as, in the nature of things, such a connection could not always be proved, the statement should have been accompanied with some qualification. Because if this doctrine is to prevail, transitory insanity could never be received as a defence in criminal acts unless it could be traced to epilepsy, and thereby great injustice might be done. I hope the paper will be printed, and in that shape we shall be better able to appreciate its statements and the value of its conclusions; for certainly a more suggestive paper on this very obscure disease I have never heard.

I believe we are sufficiently warranted in the belief that epileptics may be guilty of very important criminal acts, when to all appearances they are in the normal condition mentally—that they are not at that time laboring under the immediate effects of the disease as manifested either before or immediately after. You know the old notions on the subject were, that epilepsy was not a condition that absolved from responsibility unless the criminality took place within a very short time after the fit. Some old medical writers limit it to three days. Unquestionably, this is all very well so far as it goes; but it is also undoubted from observation, that this condition, before the brain has obtained its normal condition, continues very often, much longer than three or four days, and that the person is just as far removed from the proper condition for weeks—I do not know but months—after or before the fit, as he is within two or three days.

Dr. GRAY. I do not propose to make any extended remarks upon the paper of Dr. Echeverria. I agree with Dr. Ray that it is a valuable contribution to the literature upon the subject. The Doctor has referred to several cases, the unconscious state in which persons seem to be quite aware of what they are doing, and some of these cases he has spoken of as having been under my observation. In regard to one of these cases, the lawyer who attacked me in my office, epilepsy was not suspected by his friends or any one, and he had not communicated his apprehensions before coming to me. He suspected the presence of nocturnal epilepsy, as his wife had told him that he had nightmare, from which she could not wake him. He had observed, also, stains of blood and saliva on his pillow, observed himself becoming irritable, had also felt like striking his wife, with little or no provocation, except her asking

him how he was; also the fact that there had been a case of epilepsy in the family, and that he had an attack of fainting when about 21 years of age while at college; he had read up on epilepsy, and putting all these facts together, concluded that he had the disease and came to put himself under observation. A few days after his admission he came into my office, at my request, to make out a paper touching some business matter with his law partner. He sat at one side of the large office table and I at the other. I handed him paper and he said he was nervous and asked me to write and he would dictate. After commencing, I heard a rustle, looked up, and he was stabbing at me with a knife across the table. As I caught his eye he said "God damn you" and started around the table after me. I ran faster than he did, and caught him. There was a little epileptic shudder after I seized him, but he did not speak. I recognized his condition and got him to sit down, and then asked him what he was doing. He said I seemed to be a large man, suddenly getting up to strike him. He had no recollection of the circumstances, although he seemed conscious at the time. He died afterwards utterly demented.

Within a year we received a young man who, without provocation, fired several shots at his mother. He was arrested and put in jail. As no charges were preferred against him, and the authorities were informed he was an epileptic, he was discharged and sent to the asylum. He gave no account of the shooting, though he retained entire consciousness that he had shot at his mother, but was entirely indifferent. He had frequent epileptic attacks while at the asylum, but never manifested any violence. I would make one remark in regard to the case alluded to by Dr. Green, having some bearing on a question which recently came up in New York, in the Scannell trial, whether a person alleged to be insane at the time of an act of violence, who had threatened to do the act before he was insane, had any precedent in the history of insanity. The negro spoken of by Dr. Green was an epileptic. He had made threats previously, manifested violence, and subsequently, in connection with a maniacal frenzy, which, however, is not shown to have any relation with an epileptic attack, carried out his threat. Dr. Green gives no evidence that this epileptic was laboring under any hallucination or mania when he made the threat.

Dr. T. R. H. SMITH. I can most cheerfully unite in bearing testimony to the highly interesting and instructive paper of Dr. Echeverria. It is certainly a very able one, and important in its bearing upon the legal responsibilities of epileptics. I regard it

eminently worthy of publication, and hope it will be printed; and when carefully read, doubt not, it will give an additional impetus and increased interest in the observation and investigation of this class of cases.

Dr. BROWN. I would like to inquire about a case of some interest to me, some time ago; that of Chambers, tried in Brooklyn some years since, in which Dr. Echeverria was interested. If I am correct the man still lives, and I should like to know what has been the result of the Doctor's views, or those of any of his colleagues in this case.

Dr. ECHEVERRIA. In reference to the case of Chambers, Dr. Wilkie is here, and he, can more satisfactorily than myself, reply to Dr. Brown's question. I saw Chambers last summer, and did not notice anything wrong with him beyond a very striking demented look, which equally attracted the attention of my friend Dr. Kitchen, of the Utica Asylum, who accompanied me. I learned then from Dr. Wilkie, that Chambers had behaved in a gentlemanly manner, though subject to periodical attacks of nervous excitement, which were not actually insane attacks. The examination I made of Chambers, and chiefly the unanimous and distinct testimony presented at the trial, led me to believe, as I declared to the court, that Chambers was an epileptic. I have seen many epileptics free from fits as long as they were under the hospital treatment and diet. So far as Chambers is concerned, Dr. Wilkie has not seen him have a convulsive attack, but I still adhere to the opinion I expressed at the trial, and the facts which have since occurred confirm me, that he suffers from cerebral epilepsy, while I yet expect to hear that he has fallen into convulsive attacks. I will now explain myself on a point on which Dr. Ray seems not to have seized my idea; I have not asserted that epileptic insanity, or, as Dr. Ray puts it, insanity existing with epilepsy, involves that the latter must exist constantly and can not disappear. What I mean and contend is, that epileptic insanity, the insane fit of epilepsy, is not solitary, and involves a prior existence or the continuation of the disease in its larvated form, or as fits of *petit mal*, or *grand mal*. I certainly have met with cases of epileptic insanity where the patient has, to all appearances completely recovered. I could, among them, mention that of a lawyer who while suffering from bleeding piles, and under a great political excitement, was seized in the middle of the night with a fit, after sexual intercourse with his wife. The fits were repeated with great frequency and increased severity, generally in the night, attended

with temporary insanity and an irresistible impulse to kill his child. After a few months of treatment this man became free from fits, which have not reappeared now for seven or eight years. He is actively engaged in his profession, and I regard him as cured. I think that without the treatment, his mental derangement would have probably assumed a more continuous form of insanity. I admit instantaneous impulsive acts in relation to the different varieties of insanity, and undoubtedly Dr. Ray will agree with me that such sudden impulsive acts are generally described as instances of instantaneous mania. They may occur throughout a state of transitory mania that is almost always related to epilepsy, or during a fit of vertigo, or in individuals tainted with a hereditary diathesis. It appears to me that these are the only tenable foundations for the doctrine of transitory mania, as held also by Morel and other more competent authorities than myself.

Dr. Tyler alluded yesterday to the disposition that should be made of criminal lunatics and criminal epileptics; at the proper time I would be very glad to hear the opinion of the Association upon this important subject.

Dr. KIRKERIDE. In view of the very great importance of this subject and that we may have a decided expression of opinion by the members of the Association, it seems to me that something practical might come from this discussion if the whole matter was referred to a committee, and that committee instructed to report at a future meeting of this Association. I propose to make a motion that the subject of the care of the epileptic insane be referred to a special committee of three, who shall report at a subsequent meeting of the Association.

The motion was seconded by Dr. Curwen, and agreed to.

The President appointed as the Committee, Drs. Echeverria, Earle and Walker.

Dr. Compton offered the following resolution :

*Resolved*, That a committee of this Association be appointed, with Dr. Ray as chairman, to draft and present to the next meeting the form of a law on the subject of criminal insanity, with a view of its adoption by the different States.

Dr. COMPTON. It strikes me that this subject is a very important one. I am sure that every member of this Association will agree with me that the administration of justice in cases of alleged

insanity is very imperfect. I think if our legislators were better informed on the subject they would do better.

Dr. KIRKBRIDE. Does the gentleman have in view any further action than that already taken by the Association? He is aware, no doubt, that the whole matter received the attention of the Association during a long series of years. The whole subject was under the care of a committee, of which Dr. Ray was chairman, for a long time, and at the meeting in Boston some years ago, after a long and patient discussion, the Association recommended a project of a law to be adopted by the Legislatures of the different States. Unless we can do some good by simply reaffirming what has been done on other occasions, it would probably be best not to again bring the subject up for discussion.

Dr. COMPTON. My recollection in regard to the proceedings at Boston, (although I was not present) is that the consideration of "the project of a law" was confined mainly to the organization and government of lunatic asylums and hospitals for the insane, and that it did not extend as far as this resolution is intended to reach. My object is to agree, first, among ourselves as to the proper management of cases of alleged insanity before the courts—not to dictate to the bench as to the manner of applying rules of evidence, but to suggest to the law-makers the form of a statute on a subject upon which we assume to know more than any other class of citizens. In the State of Mississippi we have made some progress in this matter, but we still fall short of perfection. In our State, when an individual is indicted for murder, manslaughter or assault with intent to kill, and shall offer the plea of insanity, the trial shall proceed on that plea to the exclusion of all other matters. Should the plea be sustained, the individual is committed to the lunatic asylum for a period of not less than ten years. In some respects it is a good law. It is an ever present prophylactic against emotional insanity. If the plea is not sustained, the trial proceeds on the indictment, to the exclusion of that plea.

I think that an ordinary jury, as we find them in the court houses, is not competent to decide the question of sanity or insanity in doubtful cases. My recollection is, that at the meeting in Boston you did not proceed so far as to recommend the form of a law for the trial of criminal cases, or if you did, the proceedings had but a limited circulation, and inasmuch as at least two-thirds of the present members of the Association never heard the discussion, I am of the opinion that it would do no harm to have it over again.

Dr. GUNDRY. Would the Doctor be kind enough to change the phraseology of his resolution? I can not imagine such a thing as criminal insanity. Criminality and insanity are two opposite ideas, as I contend, and certainly can not be blended in that way.

Dr. CURWEN. There is one clause in the project of the law which the Doctor has probably overlooked. This project, as originally adopted by the Association, contained twenty-one articles. This is the clause to which I refer, "Insane persons shall not be tried for any criminal act, during the existence of their insanity and for settling this issue, one of the judges of the court, by which the party is to be tried, shall appoint a commission, consisting of not less than three, nor more than five persons, all of whom shall be physicians, and one at least, if possible, an expert in insanity who shall examine the accused, hear the evidence that may be offered touching the case, and report their proceedings to the judge, with their opinions respecting his mental condition."

That seems to cover the whole field.

Dr. CALLENDER. I concur in the propriety of Dr. Compton's suggestion. During the last winter my predecessor and I were called upon by members of the Legislature, to draw just such a law as my friend has described. I tried to compress the bill into as few sections as possible. The bill was submitted to members of the Legislature, and the Judiciary Committee chiefly. While they assented to the necessity and propriety of some such act being on the statute book, the bill which I drew, and which substantially met the clause just read, met with at least half a dozen legal objections. If the committee that Dr. Compton suggests could draft a projected law avoiding these legal objections, I think it would be very well, I think I read in the proceedings of the Legislature of Indiana that they had a bill there nearly the same as the bill I drafted. I do not know whether it was passed.

Dr. EVERTS. It was never reported from the committee.

Dr. CALLENDER. It was killed by legal objections.

Dr. RAY. I have no objections to such a committee, only I must be excused from serving on it. Before we undertake a task of this kind let us ask ourselves what conclusions we ourselves are ready to adopt? How can we instruct a court, when perhaps not half a dozen of us would agree upon any single case of insanity? When we get a nearer approach to unanimity, it will be time enough to lecture the courts, whether only certain forms of insanity, or all forms render one irresponsible; whether any medical man, or only a certain set of medical men, shall give testimony in these conclu-

sions. These are questions, to mention no others, which we should first be able to answer before we undertake to instruct courts how to try cases of insanity.

The PRESIDENT. Dr. Compton will perceive that it will be necessary to modify his resolution, as Dr. Ray declines to serve on that committee.

Dr. COMPTON. Yes sir, I think that a report from that committee would bring up a discussion of the whole subject of insanity in relation to law, when each member of the Association would have an opportunity to express his own views upon the various points suggested by Dr. Ray, and will perhaps enable conflicting gentlemen to come nearer together in their opinions touching these vexed questions. I do not know that we could agree upon a form of law or not, but certainly a discussion of the subject would afford the best means of testing whether we can or not. The resolution does not contemplate that the report of the committee shall be presented with our recommendation to the Legislatures; we might not approve the report ourselves. But if we can agree as to the proper form of a law, I would then be in favor of pressing it upon the attention of the makers of the laws. I have no special attachment for the form of the resolution which I hastily drew up with my pencil on the blank leaf of an asylum report, and am perfectly willing to modify it to satisfy the wishes of the most hypercritical. I simply feel that we owe it to the public, to give them the benefit of what knowledge we possess in matters in which some of us profess to be experts.

Dr. WALKER. This very law, as reported by Dr. Ray, you remember, was under discussion for at least five years. Every member had it on hand and was requested to study and ask advice upon it. When we came together, after some discussion, it was unanimously adopted. Some legal judgment was taken, but it was declared to be the only report that would be adopted by any majority. I believe it is the only one that can be adopted. If it is insufficient then the legislature must get up its own laws. I hope we will not waste our time upon it. There are other questions to which we can better devote our time. I move that the matter be laid on the table.

The motion was agreed to.

Dr. ECHEVERRIA. The question which was put by Dr. Brown has been left unanswered.

Dr. WILKIE. Chambers, who is under my care, has of late been showing unmistakable evidence of delusions. I intercepted two

letters written by him, in which he refers to two articles published in our city papers detrimental to him—no such articles having been published—at the time, breathing out threatenings towards me, saying he would be even with me, etc. I merely wanted to mention the fact.

The minutes of the meeting were read and approved.

On motion the Association adjourned to 9 A. M. to-morrow.

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MORNING SESSION.

Thursday, May 29, 1873.

The Association was called to order at 9 A. M. by the President.

The Secretary read an invitation from Dr. Coskey, Resident Physician of St. Joseph's General Hospital, to visit that institution, which was accepted and referred to the Committee on Business.

Dr. Ray then read a paper on Ideal Characters of officers of Hospitals for the Insane.

On motion of Dr. Curwen, it was

*Resolved*, That with the consent of the author, the paper be printed at the expense of the Association, in book form, for general distribution among the members.

Dr. Callender, from the Committee on the time and place of the next meeting, reported that they had received invitations from three points: Nashville, Philadelphia and Canandaigua; that the invitation from Canandaigua had been withdrawn for the present; and they would suggest an informal ballot to determine the preferences of the members; they would also suggest the third Tuesday of May, 1874, as the time of the next meeting. On an informal ballot, Nashville, Tenn., was selected as the place of meeting, and the third Tuesday of May, 1874, as the time.

Dr. CALLENDER. Permit me to thank the Association very kindly for the very complimentary vote by which the city I represent is to be honored by your presence next year.

I can hardly say, in behalf of myself, our former Superintendent residing in Nashville, the medical profession and the citizens generally of that city, that we will endeavor to make the meeting pleasant, and we would like to obtain as respectable a meeting as has been held here. There would be very little difference between the third Tuesday and the fourth Tuesday of May as to climate. Yesterday, when the thermometer indicated 83° in Baltimore it stood 75° in Nashville. On account of weather it will matter very little.

Dr. KIRKBRIDE. I had proposed at this meeting of the Association to read a formal paper on the care of insane criminals. Circumstances beyond my control have prevented the completion of that paper in such a form as recent events would lead one to desire it to be prior to its presentation here. I may say, however, that I have frequently observed at our meetings that a paper was often of much less importance than the discipline which followed it. A few remarks will serve to elicit the opinion of members as well as the most important document that could be presented. It is in this way that I now propose to present the subject of the proper care of insane criminals. This subject assumed a peculiar interest in the Legislature of Pennsylvania at the last session, when a bill was introduced in the Senate, directing the Commissioners of the new Hospital at Danville to prepare one wing of that building expressly for the care of insane criminals, in reality as I felt, to make a State prison of one part of the State Hospital. Without knowing the source from which this bill emanated, I took the liberty of writing to the Chairman of the Judiciary Committee, and the Senator from the district in which I live, and asked them to take into serious consideration the character of this proposed law, and which I deemed on many accounts highly objectionable. My friends in the specialty took the same view as I did in regard to the subject, and the matter was ultimately dropped. Soon after this I received a letter from my friend, the President of the Board of State Charities, expressing great surprise that I should have made any opposition to the proposed measure. Thus unexpectedly finding myself in opposition to the views of the excellent gentlemen who compose our Board of State Charities, I could only say that this question seemed to me to have been fully settled, so far as the experience of those who were connected with institutions for

the insane was concerned. That it was only a question whether a part of a hospital should be made a prison, or a part of a prison be converted into a hospital, and that there could hardly be a question but that the latter was the proper course, when, from any cause, a State institution, specially devoted to this class of the insane, could not be provided. In common with every friend of humanity, and every hospital superintendent, I desired that the very best care should be given to convicts when they became insane; but that I could not consent that this should be done at the expense or to the injury of those who had committed no crime. The feeling of aversion and indignation expressed by patients and their friends, at such an association, can hardly be realized by those who have no personal opportunity for such observation, and there would really be little good done to the convicts, to compensate for the injury inflicted on the other patients. Having all of this convict class kept in one wing, would not materially lessen the objections to such an association, for it would be so prison-like in its appointments as to give a character to the whole institution, and association upon the grounds could hardly be prevented. We were not without experience in reference to this subject in Pennsylvania. There has been for many years a law in existence appointing a commission to examine such prison cases as may be brought before them, and whose duty it is to decide upon their insanity, leaving to the inspectors of the Penitentiary, subsequently to make such disposition of these convicts as may be declared to be insane, as they may see proper. The Commission consists of the Physician of the Pennsylvania Hospital for the Insane, the Physician of the Friend's Asylum, and the District Attorney of the city of Philadelphia. Eight such cases were sent to the State Hospital at Harrisburg at one time, all of whom, I believe escaped, and of these five were never recovered. This first experiment gave so much trouble, was so very unpopular, and it was found so difficult to keep these convicts, that the Board of Trustees declined receiving any more such cases, and in several of their reports presented strong arguments against such an association, in any hospital for the insane. I presume we will all agree that the best mode of providing for insane criminals is an institution specially devoted to this class, as has been done in Great Britain, Ireland, Canada, New York and elsewhere. If there are not enough cases in any one State to justify such a provision, a portion of the prison should be given up to those who are thus afflicted, or a structure within the prison enclosure be put up for that particular purpose.

I have no wish to detain the Association by more extended remarks. My motive in introducing the subject is mainly to ascertain, whether there is really any difference of opinion among us in regard to the proper disposition of insane criminals, or whether there is any one who thinks that it is at all admissible to have such cases placed among the patients in our ordinary State Hospitals for the insane. I should be glad if the subject could be referred to a special committee (of which I must decline being a member) who should make a report on the subject before the close of the present meeting of the Association. Since coming to Baltimore I have learned that the President of this Association has in his possession a letter from the President of the Pennsylvania Board of State Charities, asking for an expression of opinion on this whole subject, by the members of this Association. I shall now ask for the reading of that letter before any further discussion takes place, and especially as it furnishes another reason for the course I have suggested.

The letter was then read by the Secretary.

Dr. EARLE. I suppose this will be discussed.

The Association then, on motion, adjourned.

The afternoon was spent by the members in visiting the arrangements of the Spring Grove Hospital for the insane under the conduct of the Drs. Steuart.

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EVENING SESSION—May 29, 1873.

The Association was called to order at 8 P. M. by the President.

Dr. RAY. I think I may possibly embody the sense of the meeting by means of a few resolutions. At any rate, they will serve as a basis for discussion.

The resolutions are as follows :

*Whereas*, The proper disposal of that class of the insane, whose criminal acts require their seclusion and confinement, is a matter on which this Association is requested to express an opinion.

1. *Resolved*, Therefore, as the opinion of this Association that neither jails and penitentiaries, nor ordinary hospitals for the insane are proper receptacles for this class of persons; but that they should be cared for in establishments designed expressly and solely for them.

2. *Resolved*, That under no circumstances should insane convicts be associated with other insane persons, believing that such association is not calculated to improve the condition of the latter, and that the best interests of the former require a special management and architectural arrangements of a peculiar kind, both very different from such as are adapted to the needs of other classes of the insane.

3. *Resolved*, Also, that the example of the State of New York, which has thus provided for its "criminal insane," as they are usually called, be commended for imitation by other States, either singly or collectively.

Dr. GRAY. Would Dr. Ray object to altering one or two words in the last part of the resolution, to use the words "with ordinary insane" instead of "other persons," instead of the word "convicts" use "insane criminals." The institutions organized have embraced the insane convicts, and those acquitted of murder and arson in the first degree, on the ground of insanity. I see no objection to placing these two classes together.

Dr. RAY. I wished to avoid the odium attached to the words, criminal insane, and would avoid the term by the word convicts.

Dr. GRAY. The resolution of Dr. Ray refers to the provision made in the State of New York. The separate provision for this class was proposed by my predecessor, Dr. Benedict; he proposed, however, the association of the criminal class, embracing insane convicts, then sent to Utica to mingle among the ordinary insane, with inebriates, creating an institution for these classes.

Subsequently an act was passed creating an institution for insane convicts. The law was subsequently changed to embrace insane persons who had committed or attempted homicide or arson in the first degree, and were acquitted on the ground of insanity; however, it was not made obligatory to send all to the asylum for insane criminals, but it was left to the discretion of the *Court* to send to that institution or to either of the State Asylums. Provision was also made for their transfer from the State Asylums to the Asylum for Insane Criminals, if in the judgment of a justice of the Supreme Court it might be deemed best to make such transfer. Under the operation of this law a classification can be made, and those who have committed homicide in puerperal insanity, as an accident arising from neglect of care over them, can be sent to the State Asylums and remain there. All will admit the propriety of treating the dangerous classes of insane where there are special arrangements to prevent escape. It is certainly wiser and more humane

to place together these two classes of insane, than to retain either in the ordinary hospitals and make those hospitals to a certain degree prisons. To confine the insane, who have committed these higher crimes among the ordinary insane, necessarily subjects the entire institution to unnecessary restraint for the few ; furthermore it is safe to say that a large proportion of those acquitted on the ground of insanity are essentially of the criminal class.

Before the organization of the asylum for criminals, when convict insane were sent to Utica, many feigned disease to get to the Asylum and escape, and they frequently succeeded. Dr. Kirkbride has well described the objections that friends had to having convicts in association with the ordinary insane. I think it is more than a matter of sentiment, where these criminal insane shall be cared for ; the question of safe custody is a matter of public interest, therefore it is a matter of propriety and expediency to place them where they are not likely to escape, and it might well be said that it is a sufficient misfortune for any one, to have to be placed in an asylum, without the additional humiliation of being confined with criminals. Then it materially adds to the responsibility of the medical, and other officers, and employés of the hospital to have the constant custodial care of a class who are constantly contriving their escape.

Several have escaped from Utica, who have never been recaptured. This whole matter was well expressed by Dr. Kirkbride that it was not proper to make a prison of an asylum, to retain a few bad characters, who happened to commit crimes in real or doubtful conditions of insanity. I can only say that the disposition of this question in New York has been satisfactory. Dr. Wilkie, the Superintendent of the Asylum for the Insane Criminals, at Auburn, N. Y., is present and could answer upon that point.

Dr. Walker objects also, to the expression of criminal insane. I think I might add that our law was carefully drawn, and was submitted to several of the judges of our highest courts, and has met with no objections by the judiciary.

Dr. RAY. Are all persons acquitted of criminal acts on the ground of insanity, sent to the criminal establishment at Auburn ?

Dr. GRAY. No, as before remarked it is in the discretion of the court to send them directly, or subsequently, if desirable.

The PRESIDENT. That would include women who have killed their children.

Dr. GRAY. As a general rule it is safe to trust to courts ; since the law was in operation I can recall no such case. We have had

at Utica, cases where mothers have killed their children, but the insanity was so apparent that they were not arraigned or tried but sent directly to our care as ordinary insane, the question of criminality not being raised.

Dr. RAY. I observed that Train had been ordered to be sent to Utica.

Dr. GRAY. Not as criminal.

Dr. RAY. Why should he not have been sent to Auburn?

Dr. GRAY. Train was under indictment for an offence which simply subjected him to fine and imprisonment. The law, as I have before stated, only includes those who have committed or attempted homicide, or who have committed or attempted arson in the first degree; persons held for minor offences, and adjudged insane are sent to the State Asylums unconditionally during the pleasure of the law.

Dr. GUNDRY. Are persons sent without being convicted?

Dr. GRAY. Yes, if in confinement under the criminal charge of homicide or arson, and they appear to be insane, they may be sent.

Dr. GUNDRY. Without conviction of the crime?

Dr. GRAY. Certainly, if they are adjudged insane, they can not be tried.

Dr. ECHEVERRIA. Mr. President, the language of the introductory clause presented by Dr. Ray, reads thus: "Whereas the proper disposal of that class of the insane whose criminal acts require their seclusion and confinement, is a matter on which this Association is requested to express an opinion."

The objections to this clause, as they occur to my mind, are these. The association of crime and insanity may exhibit itself in three different ways. A man may commit crime during a recognized existing state of insanity; or, after committing it in a perfectly sound mental condition, he may before trial or after conviction therefor, and while serving his sentence, become insane. Here we have the insane criminal under three aspects. In regard to the first, we are well aware that one of the fundamental reasons for the establishment of public lunatic asylums, is that lunatics may be dangerous to themselves or others, if left at large, wherefore the safety of society demands that they should be confined and kept out of mischief.

The dangerous impulsive acts of lunatics do not differ in themselves from deeds of criminality, but carry with them irresponsibility because of their being results of disease. A man in high position of life attempts to burn his neighbor's house, or murder

his brother; the family recognizing that he does it in a fit of insanity, at once summons a physician, and on proper commitment this maniac is taken to a private or public lunatic asylum, without any embarrassment to the proceedings. A poor friendless maniac in his wanderings through a village sets fire to a barn, or perpetrates a murderous assault on a passer-by; he is caught in the act, indicted and tried swiftly, to be either declared guilty or insane, and if the latter, sent to a criminal lunatic asylum. Now then, where is the difference between these two men?

Why should the first be, without impediment, removed to any ordinary insane hospital, and the second, if he escapes a felon's sentence, to a criminal lunatic asylum? Is there the least difference between them? should we as alienists declare a distinction between two lunatics who have been victims of identical impulsive acts?

Concerning those who become insane after the perpetration of crime, I fully concur with the views of the Association, they should be placed in a special institution for convict lunatics. The disposition of criminal lunatics, after their return to a state of sanity, is a very momentous subject, on which I only intend to hear the views of the Association, after passing a brief remark. There are criminal lunatics, such as those under the head of puerperal mania, for example, that might be safely discharged upon sufficient evidence of their complete recovery. On general principles, however, I firmly believe that cases of homicidal mania, whether related to epilepsy or any other form of insanity—for they are all the same—should never be allowed unrestrained freedom to go at large, even though they might seem to have recovered their intellectual faculties. It strikes me that in this respect the English law vesting the power of discharge in the supreme authority, or the mercy of the crown, is perhaps the wisest. Such homicidal lunatics should never be set free on the community; for the relapse of their mania as we too well know, is of most frequent occurrence, or almost a rule. I hope I do not dissent in this opinion, from the unanimous feeling of the Association.

Dr. GRAY. The criminal class are released under the law in operation in New York, by a justice of the Supreme Court, who shall, upon due investigation, find that it is safe, legal and right to grant the discharge.

Dr. ECHEVERRIA. Is there not a writ of habeas corpus?

Dr. GRAY. The writ of habeas corpus can not be taken out in a case of the criminal insane. This question was recently decided by Judge Leonard of New York, in the case of Burns, who was

acquitted of murder, on the ground of insanity, and sent to Utica.\* Howe and Hummel, lawyers, who had defended him, secured the issue of a writ of habeas corpus soon after his admission, upon the ground that he was not insane, and Burns was taken before Judge Leonard, and the case argued for the people by Ex-judge W. J. Bacon. Burns was remanded upon the ground that the statute clearly expressed the nature of the proceeding, to be taken for the discharge of that class, and that a habeas corpus could not be entertained in such a case in face of the statute. He was subsequently transferred to Auburn.

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\* The following is the opinion of Judge Leonard.

IN THE MATTER OF )  
JAMES BURNS. )

*Leonard, J.* The prisoner was acquitted of murder in the first degree, on an indictment and trial therefor in the Court of General Sessions in the City of New York, in July last, on the ground of insanity. Such appears to have been the verdict of the Jury. That Court thereupon ordered the prisoner to be detained in safe custody and sent to the State Lunatic Asylum at Utica, where the Sheriff was directed forthwith to convey him, and it was further directed that the prisoner be there detained in safe custody, until discharged according to Law.

It is alleged that he has now become sane, and the prisoner applies for his discharge from custody upon a writ of habeas corpus.

The question of his sanity is not raised either on behalf of the People, or the Superintendent of the Asylum, the Judgment and process or Order of the Court being the only ground on which the right of detention is claimed.

The question is new, and must be disposed of principally by a reference to the Statutes.

The Asylum was organized, and the authority to receive and detain criminals was given by an Act of the Legislature passed in 1842, to be found in the Revised Statutes, Edmonds Ed., Vol. 4, p. 18.

It is provided by Sec. 31, p. 25, that a person acquitted of a criminal charge upon trial, on the ground of insanity, the Court being certified of the fact by the Jury or otherwise, shall ascertain if his insanity continue in any degree, and if it does, shall order him in safe custody, and to be sent to the Asylum.

Section 32 contains provisions for sending to the Asylum other persons under indictment or sentence on a criminal charge, &c., or committed for want of bail, &c., or for keeping the peace, or appearing as a witness, or on a summary conviction, &c. This section also contains provision for the discharge of persons imprisoned, under this section.

By Sec. 40, the powers of the Chancellor over the person and property of the insane, are declared not to have been abridged by the said Act.

By Sec. 41, the power of the Managers of the Asylum to discharge patients on the Certificate of the Superintendent, of a complete recovery, is given, but the case of those detained under a criminal charge or liable to be remanded to prison, is expressly excepted.

Dr. SHURTLEFF. I wish to join with other members of the Association in expressing, from my own experience in California, my condemnation of the practice of keeping insane convicts in our ordinary asylums for the insane. I need not say to you, who have had a similar experience, that they are generally offensive to the other patients who feel degraded by a forced association, with this class. With us, perhaps, fortunately for the other inmates, but unfortunately for society, the asylum is soon relieved from a good proportion of the patients sent from the State prison, especially the burglars who too easily make their escape. I am speaking only of insane convicts, and do not apply the objection to insane persons who, while insane, commit such acts as are by statute made felonies if done by a responsible being.

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The discharge of patients of the criminal class, (to which Burns belongs) is, by Sec. 42, authorized by order of a Justice of the Supreme Court "if upon due investigation it shall appear safe, legal and right to make such order."

The office of the writ of habeas corpus is for the purpose of enquiring into the cause of the detention of any person, and, if it appears to be illegal, of granting a discharge.

Ordinarily, the regularity of the process of commitment terminates all further enquiry, and the prisoner is to be remanded into custody. The Court can not, on habeas corpus, enquire into the justice of the sentence or judgment. That has been pronounced by another tribunal which can be reviewed only in some other manner by a higher Court, but not upon habeas corpus.

It is entirely clear that the judgment and process, in the case of Burns, are regular and sufficient. The general habeas corpus act provides that a prisoner confined on a judgment or sentence of a Court of competent jurisdiction is not entitled to that writ. The prisoner must show preliminarily that he is not so confined, when he applies for the writ.

From this examination it appears that Burns was not entitled to the writ; and that when it was stated in the petition for the writ in this case, that he was not confined upon the judgment of a competent Court, the petitioner was at last mistaken.

It is probable that the equitable powers of the Supreme Court, where the jurisdiction belonging to the Chancellor at the time the Statute in question was passed in 1842, now resides and is vested, might in a proper case be invoked by petition. These powers are expressly reserved by Section 40.

The power may also be exercised by a Justice of the Supreme Court under Section 42.

This should be done also under petition and not by the writ of habeas corpus.

The regularity of the judgment and commitment fully answer the claim to a discharge under the power granted by virtue of that process.

The writ must be discharged and the prisoner remanded to the Asylum from whence he has been brought here.

The first of these resolutions appears to me to be of too extensive application, to embrace the latter class. Suppose, for instance, a lady of good family and social position, impelled solely by a morbid propensity, while attending to her shopping duties, should steal and carry away from a store, sufficient value to make the act grand larceny, and upon investigation she is found to have been insane at the time; or take a case I have under my charge of a kind husband, who in a paroxysm of violent mania, unconsciously killed his wife, and has remained insane ever since—a law requiring such persons to be committed to asylums for the criminal insane, it seems to me, would be unjust.

Dr. KIRKBRIDE. Is there not a contradiction in stating that an insane person who is impelled by that disease, to commit the acts mentioned, has committed crime at all? Can any person who is not self-controlled be criminal, particularly when impelled by disease of the brain?

Dr. SHURTLEFF. Certainly such a person is not a criminal; that is why I am opposed to the first of these resolutions. I do not say the parties were criminal in the cases instanced. The adjective *criminal* is often used in reference to the character of the act alone, and does not always imply guilt in the actor. The terms "criminal insane," and "criminal lunatics," are conventional terms applied to a certain class of insane offenders, such as homicides, whom the law does not convict of crime, on account of their irresponsibility. If I understand it, the first resolution includes this class; and wrongfully, I think. In regard to insane convicts, I have long been practically convinced that their care should not in any way be connected with our hospitals for the insane. I fully coincide with Dr. Kirkbride in his original verbal proposition, which seems to me to be rather more than covered by the resolutions of Dr. Ray.

Dr. SHEW. What few remarks I have to make will be based upon the assumption or belief, that the resolutions refer to insane criminals—insane convicts—those who are insane and in penitentiaries and prisons. With that view of the case, I heartily concur in the resolutions from beginning to end. If they refer to persons who commit acts which would be considered criminal were they not insane, I can not concur in all the resolutions. Many of the patients received in our hospitals commit those acts, and are sent to the hospital, because they are dangerous to society—dangerous as insane persons. It seems to me that there can be but one opinion, and that is, that insane criminals should be separated entirely

from patients in hospitals. First, because of the dangerous influence upon other patients: secondly, because of the odium which it brings upon the institution, and the unpleasant feeling which the friends of other patients have in supposing or believing, that their loved ones are associating daily and hourly with criminal persons.

In practical experience I have not found that insane convicts are particularly objectionable in themselves—not as much so as Dr. Shurtleff and Dr. Curwen have. Three years ago, the Legislature of Connecticut passed a law requiring the trustees of the hospital at Middletown, to receive all insane convicts after a proper examination, which was specified, and a commission appointed. We had no separate provision and were obliged to receive them in the hospital proper, and place them in association with the other patients. Since that time, twelve insane convicts have been transferred from Wethersfield to Middletown; two of that number have escaped; one of them feigned insanity; arrangements had been made to transfer him to Wethersfield, but he escaped the very night before the transfer was to be made. Of the ten others, seven have been among the most valuable farm laborers, harmless, industrious and peaceable, and yet positively insane, much less dangerous than many of the chronic patients. One of the number has been very valuable the past few years, in sharpening the tools used by the stone-cutters in the erection of the two wings, saving the cost of one skilled mechanic. It was his trade and occupation before being sent to prison. None of the seven who have been employed ever attempted to escape. They are generally liked by the patients, and are not more troublesome than others. The friends of the patients object to the association; and in my report last year, I called the attention of the Legislature to that fact, and asked that an appropriation be made for a separate building, distinct from the main hospital; a cottage simply, to provide for the insane convicts. No appropriation was made; but a resolution was passed authorizing the trustees of Middletown hospital to use the unexpended balance of a former appropriation for the erection of such a building, and during the present year we hope to have a building for the accommodation of twenty persons, in which we will provide for all the insane convicts. We now have seven of that class. There have been only three transferred from Wethersfield each year. In a State as large as that of New York or Massachusetts, or in others that could be named, I should think it would be better to have a building for the insane, in connection with the prison, as at Auburn, where it is situated near the prison proper.

Dr. KIRKBRIDE. You would prefer that very much?

Dr. SHEW. I would prefer that, sir, but in smaller States, like Connecticut, if no other arrangement could be made, I should suggest the plan adopted at Middletown, having a separate building under the same management, but everything entirely distinct.

Dr. GRAY. Have you any insane criminals in alms-houses in Connecticut?

Dr. SHEW. There were two brought to us from jails. There are none such now. We have made provision for all the insane poor.

Dr. CURWEN. Do you recollect the crime for which they were sentenced to the penitentiary?

Dr. SHEW. Three of them were for murder, or manslaughter. One of them had been insane for almost twenty years. Another committed murder in 1870, and exhibited evidences of insanity about one year afterwards. While in prison he was a quiet man and labored steadily. His insanity was melancholia. He has improved at Middletown, and is in a fair way of recovery. There is a law directing the courts to send all persons, acquitted on the ground of insanity, to the Hospital at Middletown. Under the provisions of that law, twelve persons have been sent to us during the past year, nearly all, however, for minor offences. That law seems to please the courts very well.

Dr. GRAY. How many of the twelve committed murder?

Dr. SHEW. One.

Dr. KIRKBRIDE. I should like to ask Dr. Shew's opinion in reference to making provision for insane convicts in connection with a penitentiary, whether he does not think it desirable that the only class to which I made any allusion in my remarks, ought to have a separate building for their accommodation; or have a separate department of the prison, instead of a separate part of a hospital?

Dr. SHEW. That would be my first choice. The only objection I have to this plan is in the fact that there is no medical superintendent or skilled medical officer to supervise.

Dr. KIRKBRIDE. Our prisons have medical officers, who are perfectly competent to treat those cases. In my experience they are largely chronic cases, to whom we give very little else than moral treatment.

Dr. SHEW. I can see no other objection to having arrangements made in connection with a prison.

Dr. KIRKBRIDE. I merely want to know your preference in case we have to do one or the other.

Dr. CALLENDER. Mr. President, I have no extended remarks to

make upon this subject, and what I may say, will perhaps be a repetition of what fell from Dr. Kirkbride. As I intimated in a remark I made a few days since, I have had some ugly experience with convicts sent from the State prison to my hospital, having had six at one time. I always felt that they were a blot upon the house, and the patients felt that they were degraded by associating with convicts who were sent there as such, and I was obliged to hold them as persons confined, absolutely confined and secluded. They were sent out with our attendants at proper times by themselves for exercise. I never thought of this condition of things, that I did not feel I had been imposed upon by the State authorities, and that the friends of the patients had just cause for complaint. I appealed to the Governor for redress. I finally drew the attention of the Legislature to the matter; it did not perfect the legislation proposed, but such was the feeling evinced that I took the responsibility of sending them away. I propose to vote for the resolutions as they stand, if I understand them properly, and I think I do. I hesitate very much to even seem to criticise anything that affects criminal jurisprudence, but this preamble, if it read in this way, would embody what Dr. Kirkbride referred to this morning. The term felon is a legal term.

"Whereas, the proper disposition of convict felons who have become insane after their penal confinement is a matter upon which this Association is asked to express its opinion," I do not suggest it as an amendment. The matter is, that neither jails nor penitentiaries nor hospitals for the insane, are proper places for these persons. I believe that anywhere on the hospital grounds, or where persons are confined who are insane, no criminal insane should be kept, that it tends to the demoralization of the attendants, and of all the employés of the household, and I heartily acquiesce in the pressing necessity of having nothing of the kind near the unfortunate insane. The criminal insane should be placed in a separate asylum, as at Auburn, or in hospitals attached to prisons or in apartments of these buildings.

Dr. GREEN. I would suggest to my friend Dr. Callender, that the change which he proposes in the preamble is not quite satisfactory to me. You may recollect that the law prescribes certain crimes only as felony. There may be many crimes committed in the category not felony according to law.

Dr. CALLENDER. There are misdemeanors and felony.

Dr. GREEN. There are many forms of larceny and breach of

trust which the law does not denominate felony and which unquestionably are crimes.

My experience in regard to this matter has been very much the same as that of Dr. Shew, except I have been much more fortunate in reference to the number of those persons imposed upon me. In the twenty-seven and a half years I have had charge of that institution I am quite sure we have not had more than twenty persons of the kind referred to, in that asylum; and a large proportion were persons acquitted, upon indictments for various crimes, on the ground of insanity. A small number were sent from the penitentiary. Numerous instances have occurred in which inmates of the penitentiary feigned insanity with a view to get to the asylum, and have an opportunity to escape. I have been called in, I suppose, in twenty instances. Two of the number were insane. One of these persons whom I thought feigned insanity, was sent to me and sent back in forty-eight hours. I have had very few of these people, and many were persons who were never convicted of crime, but were acquitted, as I have already stated, upon the ground of insanity and of being insane at the time of the commission of the act. I have not met with complaint on the part of my patients or the friends. It has been my practice, when they were sent from the penitentiary, and they are usually of a low class of people, to put them with the lowest class of patients in the institution, and they are of a class that care little about their associates. These persons have assisted about the place and have made no effort to escape.

Upon the subject of the main point in the case, the judgment of the Association in reference to the propriety of a separate establishment, entirely for insane convicts, parties who become insane subsequent to their commission of crime, I do not think there can be a dissenting opinion in this Association. I think with my friend Dr. Callender, that there should be no connection direct or immediate with the asylum for the insane, but that they should be placed in a separate asylum, or one as an appendage to the state prison.

Dr. EVERTS. I rise only for the purpose of expressing myself in favor of the resolutions. It is a subject on which I have earnest feeling and deep convictions. I believe the resolution should be carried, and I hope the vote will be unanimous in the affirmative.

Dr. Gundry moved to amend the resolutions by striking out the second resolution and placing the first after

the third, in order to bring discussion to the one point embodied therein, the disposal of convicts who while undergoing sentence, become insane.

The amendment was withdrawn for the present at the suggestion of the President.

DR. WIGGINGTON. If I understand the resolutions of Dr. Ray correctly, he refers *especially*, or more particularly, to the insane criminal, or that form of insanity which develops itself after the commission of crime. I would cheerfully concur in the adoption of resolutions to the end, that this class of the insane should be provided for in an entirely separate institution.

As I could not hear distinctly the resolutions of Dr. Ray, I will state, on my own responsibility, that we may for convenience divide the insane into three classes, viz.: (1) the common or ordinary insane; (2) the class that commits crime, or acts of violence, but who are subsequently proven to have been insane when the acts were committed; and (3) the insane criminal.

I will further state that in Wisconsin, there is no separate provision for the third class that is referred to; that is, a class where insanity develops itself subsequently to the criminal act. We are obliged, (after the investigation or inquiry, to decide upon their insanity,) to receive them into our hospitals for treatment. We have on several occasions had very difficult and unpleasant cases to treat in this way. One case, about the year 1864, was that of a man named John Enright, who had committed murder. He was sentenced, I think, to ten years' imprisonment. A few months after imprisonment, insanity was developed. He was placed in our hospital for treatment; and after he had been there some time, we discovered that his insanity was cured. After recovery he appeared anxious to remain in the asylum until his term of imprisonment had expired, or until he could escape. Our hospital, similar to others, is so constructed that we can not prevent patients from escaping if they see fit; only a thin door, fastened by an uncomplicated lock, separating them from the outer world. He made his escape by picking the lock, and we have not since heard of him, except through his friends, who informed me that he is perfectly cured, and is now somewhere on the Pacific Coast.

Furthermore, many of our patients, as they become convalescent, object to coming in contact with these criminals. One fine old gentleman, while convalescent, objected to remaining in the ward with Enright. One day he was asked why he did not

take his customary walk. He replied, "John Enright walks on that road; he has been with us too long, and it is a perfect outrage." I simply state this to show the unpleasant relation between these two classes of insane, when associated together. I would very much prefer this class of insanity to be in an entirely separate institution, a separate superintendent, separate buildings and separate grounds.

DR. LANDOR. I so cordially concur with Dr. Ray's resolutions that I am quite prepared to vote for them at once. In my own province we have an asylum, for the express purpose of accommodating convicts from the penitentiary, if they become insane. Unfortunately, the necessity of the community, and the want of places for our insane, have compelled the government to confine there a number of the ordinary insane; they are in the same building, although not in the same part of the building with the convict insane. I certainly favor the resolutions as they stand.

DR. R. S. STEUART. We have but seldom received this class of persons from the penitentiary, not one in forty-five years. In a few instances, persons on trial not yet "judged" have been sent to us as feigning insanity, but soon evinced the real nature of their cases, forming ingenious plans of escape. In all such cases; I am decidedly of opinion, that especial provision should be made for the really insane and the pretenders to insanity, and I hope the influence of the Association will be exercised in establishing this opinion over our legislative bodies.

DR. KUNTZ. So far as my knowledge extends, there are no provisions existing in the State of West Virginia, in regard to the removal of insane convicts to the hospital. If the resolutions of Dr. Ray apply to criminal insane, I heartily give my assent to them; but if they apply to those persons who commit criminal acts after insanity, then I am opposed to them. My idea in regard to the class of insane convicts is, to have a department in connection with the penitentiary.

DR. COMPTON. If I lived in Pennsylvania as Dr. Kirkbride and Dr. Curwen do, I think, sir, I would approve the spirit of the resolutions. At any rate I would approve the position taken by Dr. Kirkbride in his verbal statement this morning. I think the resolutions cover more scope than Dr. Kirkbride intended. One of these resolutions commends to the people of the States, the example of New York. Dr. Gray has told us what the example of New York is. It covers all the cases of insanity with which the law has to deal; that is the insane convict, and the person acquit-

ted on the ground of insanity. I think I could approve the resolutions if they were limited to the one point. If I lived in Pennsylvania or any other State large enough to furnish a sufficient number of criminal insane, to justify the erection of a separate building, I would favor such action. In Mississippi and in a majority of the States, we do not have enough insane criminals to justify us in putting up a separate building. My own experience with insane criminals leads me to feel rather charitable towards them. I have had only three; and there have been circumstances connected with each of those cases, which lead me to think they were insane before committing the crime. After conviction, their insanity became apparent. One has recovered. Two are there now, and one of them has been there a long time.

The third resolution, I think, I would amend, because that condemns the action of my own State in this matter. It declares that "under no circumstances should insane convicts be permitted to associate with insane persons, believing such association is not calculated to benefit the insane, &c." I would be very decidedly against the first part of the resolution, that "under no circumstances should they be associated." I would take them into my asylum, rather than let them remain in the penitentiary or jail. In the absence of the proper provision, I would take them out of the penitentiary and jails, and put them into my asylum. I would rather have the resolution amended, so as to strike out "under no circumstances."

Dr. EARLE. I would put the convict insane in a separate institution independent of all other institutions. I would put in the same place those who have been tried for crime, and acquitted on the ground of insanity: then those incendiary and homicidal patients who never had been tried for crime. I would make the provision that they should be removed to that institution, but not unless it was decided by the superintendent of the hospital, the trustees of the hospital, and the Board of State Charities or its agents; all these authorities must concur before a man who had committed a criminal act and had not been convicted of crime, should be removed from the common hospital to this institution. This applied only to the incendiary and homicidal class because our most dangerous patients are not convicts, and have never been tried for crime and acquitted on the ground of insanity. I entirely concur in the resolutions of Dr. Ray.

On motion of Dr. Curwen, the further consideration of the subject was postponed until to-morrow morning, and the Association adjourned to 9 A. M.

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FOURTH DAY.—MORNING SESSION.

May 30, 1873.

The Association was called to order at 7 1-2 A. M. by the President.

DR. GUNDEY. Mr. President, I offered an amendment last evening which will show exactly what I wish to say before the Association. It is simply a transposition, leaving out a part of Dr. Ray's resolutions, and would read in this way :

"*Whereas*, the proper disposition of that class of the insane, whose criminal acts require their confinement, is a matter upon which this Association is asked to express its opinion, therefore,

*Resolved*, that under no circumstances should insane convicts be associated with other insane persons, believing that such association is not calculated to improve the condition of the latter, and that the best interests of the former require a special management and architectural arrangement of a peculiar kind, both very different from such as are adapted to the needs of other classes of the insane, and, therefore, as the opinion of the Association, that neither jails and penitentiaries nor ordinary hospitals for the insane are proper receptacles for this class of persons, but they should be cared for in establishments designed expressly and solely for them."

And then my amendment contemplated the omission of the endorsement of the course of the State of New York. If you notice, I simply refer in my amendment to insane convicts. There is a class of persons whose position has been defined by law, as persons taken from society by crime. They require proper treatment, but they should not be treated with other persons who have been insane without previously committing crime. I think, therefore, that hospitals should be erected for them, having certain architectural arrangements for their safe keeping, which are felt to be unnecessary in other institutions. That hospital may be where you please to put it. It may be upon the grounds of the penitentiary; that should be determined by the circumstances. It is not always what is best, but I think we should be slow to commit ourselves upon matters of expediency. I take it that the prin-

ciples upon which we all agree are these; that insanity is not crime; that acts done by insane people are acts of insanity, that all their acts are to be considered, wherein they differ from proper acts, as flowing out of their diseased condition. I can not subscribe to particular symptoms of disease as crimes. In endorsing the action of the State of New York, we go further than my amendment would contemplate, because we endorse this course. They have done very well in providing a hospital for insane convicts, but with those insane convicts they send persons, who are compelled to mingle with them, whose acts of violence were committed in their diseased condition. It is urged that this is a matter of expediency, because the hospitals are not able to contain them for various reasons. If the hospitals are not properly constituted, make them so. If special arrangements are required for violent patients, have those special arrangements made. But when we say that the act of one man shall be tolerated, and another proscribed, all flowing out of disease, I think we depart from our position, namely, that when the act is the result of the disease, the party is irresponsible. We instruct against all other positions than that the crime was the result of disease.

Now then, how can we go back upon our action by endorsing the course of the State of New York? We must always bear in mind that criminals are not insane, and should not mingle with the insane; for insane are not criminals, and should not mingle with criminals. I do not mean to join in a wholesale denunciation of convicts. I do not mean to say that persons convicted of crimes are so much worse than other men; the difference is slight. Their condition is determined by law, they are set aside as persons marked with crime, and it adds very much to the apprehensions of poor, honest people, who fear that, in after life, through the influence of disease, they may have to pass their latter days in hospitals, and there mingle with persons who have degraded themselves by their course of life. We must always be careful to remove any taints of crime from our institutions, and I think every step that brings crime and insanity together, helps to endanger the cause for which we are striving. I think that is the great trouble where boards of charity exist. Gentlemen who compose Boards of State Charities are all excellent men, nevertheless the effect of that system, is, to my mind retrogressive, and ought not to be countenanced by any action of this society.

Therefore when my friend endorsed in a quasi-manner, the action of the Board of State Charities I can not approve. It has been

their habit to consider that they owe it to the people to build cheap things instead of proper buildings, and to place invidious distinction between the poor and the rich. Massachusetts being prominent, has been followed by other States, and in as far as she has been followed, she has been leading us back into paths from which we had been striving to stray. I hope the majority of the members will agree with me, and sanction the principle which seeks to establish that insane persons should not be placed with convicts in any way, and that convicts, as such, shall not be allowed to mingle with other insane persons.

Dr. GRAY. Is a man a convict after he has served out the sentence of the law?

Dr. GUNDRY. No.

Dr. GRAY. What would the gentleman do with such convicts whose terms of sentence have expired?

Dr. GUNDRY. His sentence is suspended, and he remains a convict so long as he is insane.

Dr. GRAY. No, the sentence must expire?

Dr. GUNDRY. Certainly, as I understand the law,—and I take it that it is so everywhere, whether common law, or canon law,—a man insane is civilly dead, and as long as he is dead, his sentence is suspended.

Dr. GRAY. In the Asylum to which reference has been made,—I will not say it is a convict asylum, for it is not, it is an asylum for insane persons—in a majority of cases the term of sentence has expired, and they are no longer amenable as criminals.

Dr. T. R. H. SMITH. I have but few additional remarks to make. There is doubtless entire unanimity with this Association on the main question, that insane convicts should not be sent to State hospitals for the insane. In the reports of a large majority of our State institutions, the important bearing of this subject upon the best interests of the insane has been dwelt upon and enforced. In one of my reports, some years ago, I called attention to it, and presented, as I believed, the grave and dangerous results of convicts from State prisons associating with our (as some one has remarked) "respectable" insane.

The very thought of our fathers, mothers, wives, daughters, sons, brothers and sisters, whose lives have been exemplary, and above reproach, who have been so unfortunate as to become the victims of the saddest form of human affliction, associating with insane convicts, who have committed, in many instances, crimes of the greatest enormity, is most revolting to every sensitive mind.

When in health such associations would be shocking to the best feelings and impulses of every respectable citizen, and universally regarded contaminating and a disgrace; and why, when our nearest and dearest friends are the subjects of a malady, which, we all concede, render them the most helpless and dependent of our race, should we force upon them these associations which might prove the means of hurrying some to premature graves, and chiefly instrumental in fastening the disease upon others, and blighting all hope of restoration.

Such results as these certainly impose a very grave responsibility upon all controlling this class of the insane.

I hesitate to object to anything before this Association, from our distinguished member, Dr. Ray; it has so rarely happened that his views upon any subject, have not been indorsed by all; I very much fear any objection on my part, may result from want of proper reflection. I will venture however to say, that the term "criminal insane" used in the preamble of his resolutions, would not convey the same idea to all intelligent minds. With Dr. Ray's explanation no one would object, but without it, many might conclude, as one of the members of this Association did, that the term "criminal insane" implies, that a certain class of the insane commit crime, or that we might include in this class homicidal cases of insanity, &c. Allow me to ask, would all infer from this term, that we mean only those whose insanity has followed the commission and conviction of crime, or insane convicts in State prisons, jails, &c.? I believe the members of this Association, without exception, take the position that acts, criminal, on the part of the sane, would not be so regarded, if committed by the insane, because unable to control their actions under the influence of delusions or hallucinations, no legal responsibility would attach, and hence could not be guilty of crime.

I hope, therefore, in defining our position upon this subject, we will use the term "insane convicts" or some other that will convey the same idea to all minds of ordinary intelligence.

I must also object, to that part of one of the resolutions which endorses the New York law. Those conversant with this law, inform us one of its provisions requires that all acquitted on the ground of insanity, shall, in the discretion of the judge, be sent to the same institution, designed for convicts. Such a provision as this I can not endorse. If acquitted on the ground of insanity, they are not guilty of any crime, and no greater reason why they should be made to associate with convicts than any other class of

the insane. This law, as I understand, does not apply alone to cases of homicide, but to crime in the general sense of the term, and leaves the disposition of this class of cases entirely to the discretion of the judge—too great a sweep of power for one man.

Endorsing this law would be equivalent to endorsing the punishment of the insane because of the acquittal of crime, the penalty consigning them to a position most repulsive to their feelings and those of friends, and one that would not only retard but often prevent recovery. We have patients in our institution, who, prior to admission, committed terrible deeds, and no doubt there are such in most hospitals for the insane. We have fathers who killed their wives and children, and a mother who killed her husband, all under the influence of delusions in regard to different members of their families. These patients have been as orderly, quiet and pleasant as any in our building; have shown no tendency to violence, and exerted no injurious influence upon others.

Epileptics as a class, I have always regarded as our most dangerous patients. We have a specific law governing the discharge of all patients who committed homicide previous to admission, and I suppose there is a similar law in many other States. With a proper restriction of this kind, it certainly accords with justice and humanity that this class of cases should enjoy all the advantages of our best institutions.

In conclusion allow me to say, I have long thought the best disposition that could be made of insane convicts, at least for many years to come, would be the erection of separate apartments for their accommodation in connection with our State prisons, and, as far as practicable, with such architectural arrangements as would be essential to humane and successful treatment. It is well known that the number of insane convicts in a large majority of our States is too small to justify separate institutions for this class, as has been suggested, and if we wait for these or a union of States to erect one, in all probability the same revolting and dangerous associations will continue long even after our successors have "ceased from their labors."

Some member may have an amendment or substitute, that would fully meet all the indications, and if so, I would with great pleasure sustain it.

DR. WALKER. The subject presented to the Association by Dr. Kirkbride last evening, was the proper disposition to be made of insane convicts, and from that has branched this wide discussion in regard to other branches of the insane. I hope whatever reso-

lutions are offered and adopted by the Association, there will be one dealing only with the question as presented by Dr. Kirkbride, the disposition to be made of insane convicts. My feeling is that they should be provided for entirely away from all other classes of the insane. A few weeks ago, I understand, the Superintendent of the State Hospital of Massachusetts memorialized a committee of the Legislature for the purpose of inducing them to recommend that provision be made in the new State prison, now being erected in Massachusetts, for insane convicts. Without knowing that fact and without conversing with other superintendents at all, I went to the commissioners appointed to erect the new State prison, and urged upon them, in connection with the hospital for the sick to be connected with that institution, that they should provide for insane convicts in it. The prospect now is that that will be done, and that Massachusetts will have the care of these convicts in connection with the convicts themselves, and all under the control of the prison physician. I can not, with my present views and feelings, vote for any measure proposing to place in communication with this class of the insane, those who, through disease or misfortune, have committed acts of violence and who must of necessity be restrained on that account.

Dr. EARLE. Under the circumstances I feel it to be my duty to offer these resolutions, as a substitute for all that have been offered. This comes right to the point, as I think, in the preamble.

*Whereas*, the President of the Board of Public Charities of Pennsylvania has requested that this Association should express its opinion in regard to the proper disposition of insane convicts, therefore,

*Resolved*, 1. That neither the cells of penitentiaries and jails, nor the wards of ordinary hospitals for the insane, are proper places for the custody and treatment of this class of the insane.

2. That when the number of this class in any State (or in any two or more adjoining States which will unite in the project) is sufficient to justify such a course, these cases should be placed in a hospital specially provided for the insane; and that until this can be done they should be treated in a hospital connected with some prison, and not in the wards or in separate buildings upon any part of the grounds of an ordinary hospital for the insane.

Dr. GREEN. I move the adoption of the whole. I think it will meet the views of the whole Association.

Dr. KIRKBRIDE. I am free to say, as I introduced the subject, that that is entirely satisfactory to me, if it meets the views of the

Association, better than the original resolution offered. I do not see that any person can take exception to them.

Dr. RAY. The discussion which followed the introduction of the letter from the President of the Board of Public Charities, although a very interesting and instructive one, wandered very far, I think, from the original purpose for which the discussion began. A few weeks or months ago a movement was made in the State of Pennsylvania, to place the insane convicts, at that time in the jails and penitentiaries of the State, in the hospital for the insane now in course of construction at Danville. That measure was defeated, principally, I suppose, by the efforts of certain members of this Association; whereupon, Mr. Harrison writes to this Association a letter, the statement of which, and many of the facts, our associate, Dr. Kirkbride, saw fit to controvert, as he did very properly. The writer asked for an opinion upon this subject, and as it was necessary to have some basis for a discussion, at the suggestion of others, I proposed these resolutions. Bear in mind that it was intended to enter the penitentiaries, take the insane therefrom and thrust them into hospitals for the insane. The resolutions were prepared to meet that project, and no other. The discussion has shown, although there may be disagreement on some minor points, that on the main points there is a substantial agreement.

We all agree that there ought to be asylums for those who become insane in penitentiaries. I take it that there is no doubt about that. Then comes up the question of the disposal of those who, whether in penitentiaries already or not, have been guilty of criminal acts while laboring under insanity. In regard to most cases to which the resolutions would apply, there can be here, little difference of opinion, but in a few cases many of us would hesitate as to their proper disposition. It is often a mere matter of accident whether the madman succeeds or fails in committing the criminal acts which he attempts, and consequently is sent by common consent, to a hospital, or is arrested and tried. Now in nine-tenths of such cases, perhaps in a larger proportion, the law already provides sufficiently, without our interference or trouble. In New England, and some other States, these cases take the proper course, under the present common law arrangements. Where a homicide is manifestly an act of insanity, the coroner's inquest usually so decides, and nothing more is done. The person is not even arrested. His friends are allowed to take him into custody and to place him generally in a hospital for the insane. These persons are not bad or disagreeable subjects. The sense of the community

is not outraged by this disposal of them, no one hears of it with any shock or shudder, or is disposed to censure their friends. There may be some cases where doubt may exist, and where they are brought to trial and acquitted on the ground of insanity, some embarrassment may arise as to their proper disposal. Now it must be borne in mind, which seems to have been forgotten in this discussion, that to meet these exceptional cases it was proposed to use the Danville Hospital.

When you have got your proper asylum for convicts it will be time enough to decide by law as to the proper persons to be admitted. I am not prepared to state at present, who should, or who should not, be admitted.

I conceive that the difficulty may be obviated by some such enactment as this: That persons acquitted of a criminal act on the ground of insanity, should be placed in the hospital for the insane, and the moment the superintendent considers him a fit subject for the asylum for convicts, he should be sent there. The superintendent would be the best judge as to their final disposal, whether they should be retained, or sent to the convict asylum. I should no more think of sending some such persons to the asylum for convicts, than the friends of Mary Lamb did. I think that when these asylums are once established, the proper arrangements will follow.

Dr. STRIBLING. I rise simply to express my decided preference for the substitute to the original resolutions. They express fully and thoroughly my sentiments at present.

Dr. RAY. I have no objection to the substitute offered by Dr. Earle, I think it is going into the minutiae of the matter a little more deeply than we need to, and is prescribing a law which may need modification. For my part I should rather leave it open, but I have no further objections.

Dr. GUNDRY. I do not see that the amendment differs from the amendment I proposed, except in one thing. There is a quasi-endorsement that the hospital jail is a good thing; I say it is not a good thing. It may be the best thing under the circumstances. With that exception I am willing to vote, but I do not think we ought to put ourselves upon the record in regard to the matter.

The substitute of Dr. Earle, was unanimously adopted.

On motion of Dr. Kirkbride, it was

*Resolved*, That the President be instructed to forward a copy of

the resolutions just passed to the President of the Board of State Charities of Pennsylvania.

Dr. Gray then read a poem entitled, "The Dream of the Master."

Dr. Landor called attention to the interchange of photographs.

On motion of Dr. Kirkbride, it was

*Resolved*, That the paper of Dr. Ray be stereotyped at the expense of the Association.

Dr. Gundry moved, that the Secretary be requested to extend an invitation to the Board of Public Charities of the different States to attend the meetings of this Association, which was, on motion of Dr. Walker, laid on the table.

Dr. Gray brought to the notice of the Association a letter of Dr. Wilbur, relating to the neglect of the Secretary, to send him an invitation to attend this meeting of the Association.

Dr. R. S. STEUART. I want to call your attention to a subject of interest to all insane institutions; one that is likely to become more so. You are all aware, gentlemen, of the excitement that has existed from time to time in consequence of certain occurrences which have been published in the newspapers, in different parts of this country, relating to the treatment of some patients in certain hospitals, and we all know that the abuse of our institutions is a chronic disease, breaking out with more or less vehemence from time to time in every locality. In this section it has for the last few years become a subject of general talk, and the question has been raised as to the propriety of each State having a Commissioner of Lunatic visitation organized, to watch over this class of citizens. Allusion is often made to such jurisdiction in England. I confess I am not fully posted on this point, and it is to learn from some of our society, who may have more knowledge than I have, what can be said *pro* and *con* in this category. That abuses have occurred in hospitals, none of us will deny, and we all know what Pelions upon Ossa, have been heaped on our heads, from the days of Dr. Willis to this time. I am not insensible to the danger of exciting public feeling on this point, and approach

it with diffidence, but I think with due deference to this assembly, that it is worthy of consideration. I have conversed with members of our Legislature, who are disposed to bring up the question, and my opinion has been asked. I am, therefore, anxious to learn the views of other superintendents, being at all times willing to obtain knowledge, from a body so respectable as the one I now address. In the course of my experience, I must confess, I have known cases where injustice has been done to a few, by improper confinement, or by too long a detention, but I believe such cases are exceptions to the general practice.

The PRESIDENT. The chair would be glad to hear any suggestion from any member of the Association upon the subject introduced by Dr. Steuart.

Dr. EARLE. As Dr. Steuart has stated, the subject, we all know, is a very important one. In my opinion it is so very important that any action by this Association, at the present time, would do more harm than good.

Dr. RAY. I suppose my views on this subject are pretty generally understood, but I cheerfully repeat them. I have been connected with hospitals for the insane, about twenty-five years, and as the result of my observation, I have come to the conclusion that an indefinite amount of grumbling about these institutions must be regarded as one of the normal products of our present social condition. So long as there are insane men, and insane women, and men and women, more or less sane, so long there will be dissatisfaction in every community. There can be no change by any action of scientific bodies, or by this Association. The proper management of hospitals for the insane, will naturally give rise to some feeling of dissatisfaction. They are not open to the public to go in and out as a menagerie is. Seclusion is a necessary element of their existence, and yet from the kind of secrecy or privacy required for the performance of their special functions, springs in many minds a suspicion that all is not right. For our only remedy for this feeling, we must depend upon the intelligence of the people, and this, I believe, will always be sufficient for the purpose. In accounting for the popular commotions that occasionally arise against hospitals, we are apt to forget the distinction between spasmodic, sensational movements, and those which are the result of intelligent, well matured convictions.

There is in the community a craving for sensation which must be gratified, and it is a matter of accident rather than any settled convictions that turns it in one direction, more than in another.

The feeling which sends crowds of people to hear Mr. Alger lecture against hospitals, induces other crowds to listen to George Francis Train, or Victoria Woodhull. I do not believe that hospitals are materially affected by this propensity. I have had a great deal of experience with it, and yet I am persuaded there prevails in our communities a profound respect for those institutions, by virtue of which they are protected against unfair treatment. In many cases where clamor has been the loudest, the particular object of the popular wrath has not been found to suffer. I am not aware that those institutions which have been most talked against, have lost the public confidence; certainly such a result does not appear in the loss of patients. Persons not acquainted with the subject have but a vague and obscure idea of what these institutions are, and although they may have been impressed in some degree by those stories, yet the impression does not take an active form, it does not influence their action. When the time for action comes,—when it becomes necessary for them to learn the actual truth, prior to placing a friend in the hospital, then they begin with making inquiries especially of those who have personal knowledge of the institution, and in whom they can confide; and the result is, generally, that the patient is sent.

I do not like to indulge in personal experiences, but they are more expressive sometimes perhaps, than general observations. Let me say that my own experience fully confirms these facts: "In days long gone by," when I was a superintendent "away down east," there was one of these outbreaks of popular clamor. The matter was brought into the Legislature, and in the course of the debate which it provoked, a member referring to the institution, declared it ought to be blown up with gun-powder, and its officers with it. Six weeks after, that man brought his sister to the institution. Once a man—a half recovered patient—came around in my neighborhood lecturing against hospitals for the insane in general, and against me in particular. He made quite a sensation. The hall was filled night after night. He also peddled about a little pamphlet containing his experience in a hospital, with that of others, and I was represented by a picture on the cover, standing over a patient, held down on the floor by a couple of attendants; and yet nobody troubled himself to inquire of me as to the facts, or manifested any loss of confidence. People enjoyed it as a good joke, as something to while away the time of an idle evening, or as a substitute for the circus. They bought his pamphlet to see what it might contain, as they buy the yellow covered

trash that circulates in railway cars. I think all my associates here can confirm what I have said, out of their own personal experience.

The Secretary announced that Dr. Eastman had presented plans of the new hospital at Worcester, Massachusetts, for the inspection of members; that he would like to have them give their views on them.

DR. D. T. BROWN. Responding to Dr. Ray's call, I will mention some incidents connected with the crusade of certain newspaper writers against the Bloomingdale Asylum, during the past summer. Immediately upon the publication of the principal slanderous editorial in the *New York Tribune*, the governors of the asylum appointed a large committee of their number, to make a thorough examination into the alleged abuses of management, and report the results to the Board. A minute investigation was made by seven gentlemen of the highest character, and prominent in the community, both as business men and philanthropists. This report denied the allegations and approved the management of their officers. A copy of this report was sent to various newspapers, one of these being the *New York Tribune*, which paper charged four hundred and twenty dollars for publishing the report in an inconspicuous type and place.

Another incident in this connection may possess more interest to you as illustrating a truism often found in Insane Hospital Reports, that insanity spares no class of men nor any grade of intellect. But a few months after this onslaught of the *Tribune* upon the Institution of which I have medical charge, its "great editor," Mr. Horace Greeley, became insane, and in a brief period the "managing editor" of the paper came to consult me as to what should be done for him. I recommended that he be placed in the care of one of our colleagues, Dr. George Choate, at whose private institution the distinguished journalist and recent candidate for the presidency of the United States, died of exhaustive acute mania.

I may add that Mr. Greeley was not the only editor of the *Tribune* who had been under my professional care, and that had it not been that the obligations of professional confidence forbade, I could very readily have established a "counter-irritation" to the *Tribune's* attack, which would have been amusing to the public if not edifying to scientific readers. It has happened to me to have

had other experiences in this matter of journalism, which may be worth mentioning as indicative of the kind of ethics which pervade the professors of that "science," and the needlessness of the indignation we feel at newspaper denunciation of our institutions and our management.

One of these occasions will serve as example for several of the same general features. A leading New York paper published within a few years, two long and severely denunciatory articles upon the care of the insane in hospitals, for their special custody and treatment, taking for its text the complaint of an insane man in his petition for a writ of habeas corpus. Not long after the publication of these articles, the writer of them sought to place his own sister in the Bloomingdale Asylum, surreptitiously, on the pretext that she was to be allowed to attend upon her husband—a general parietic—while the real object was to exercise a custodial control over her own movements and her propensity to intemperance. She was not received into the Asylum.

I could mention other cases of my ineffectual attempts to procure insertion of communications defending sister institutions, or a colleague, unjustly assaulted in a newspaper; the only reason assigned for the refusal being that "the matter was no longer of public interest" or that "the party himself could send a statement." On one of these occasions an editor, then in our institution as a patient, advised me never to reply to newspaper attacks, unless willing to prosecute the paper for libel, as such responses were generally made a pretext for new slanders, rather than for an explanation or an apology. In this instance an extravagantly censorious article against one of our largest and best known State Hospitals, had appeared in the journal of which the gentleman referred to, was associate editor. I had written and sent a remonstrance against such detraction, but no notice was taken of it, and in reply to my queries on the matter, the editor made this reply substantially, "Newspapers furnish wares for an uncertain market and these wares must vary with the changes in the demand. In the case you mention, the presumption is that the public had lost interest in the matter, and that the managing-editor excluded your communication for that reason." "Newspaper writers," said he, "beyond all other men dislike to acknowledge themselves in error." When my time came to be unjustly attacked, I concluded to act on the advice of this editor, and therefore made no reply through the press, accepting the report of the committee of Trustees as my vindication. I sought to show

my equal appreciation of my advisor's counsels and my contempt for the ethics of his fraternity. In regard to the influence of such newspaper criticism upon the relation of our patients and upon the institutions themselves, I may say that the only diminution in numbers of our own household was limited to a single individual. A lady recently admitted, was removed by her brother, who brought her back on the following day, saying that she had not retired to bed during the night, and had declared she would not lie down until she returned to the Asylum. This satisfied the brother that she could not have been ill-treated at the Institution. I should have stated before that the legal cases on which the *Tribune* based its clamor, were all decided by the Courts in accordance with the views held by the asylum officers. I have never been able to ascribe any other motive for the newspaper attack than a selfish one, and expectation of profit by creating a public sensation and curiosity. As Dr. Steuart has made allusion to State Commissioners of Lunacy, I may say that the Legislature of New York, at its last session passed an act creating such a commission, and that within a day or two, the Governor of the State has appointed as commissioner, Dr. John Ordronaux, a gentleman of some practical experience in our department of medicine, and widely and favorably known as Professor of Medical Jurisprudence, in several Medical Colleges, and Law Schools. The experience of the State of New York, under this commission, may in a few years be instructive and valuable to other communities.

Dr. GRAY. The idea of a Commission of Lunacy dates back in New York to 1854, and has been agitated several times since. The law just passed has some objections, but experience will reveal them, and the law can be modified to meet the best interests of the public. I fully agree with Dr. Brown, that in the appointment of Dr. Ordronaux, as Commissioner in Lunacy, the institutions, and the public interests will in every way be safe. I hope the Association will take no action until, as Dr. Brown suggests, we may be able to determine what value such an official may have in a State where the commissioner is one of the best qualified men that could be put in such a place.

Dr. RAY. The objection is not so much to the office of commissioner as the duties which are prescribed in the statute creating the office. Dr. Gray suggests that it is better to wait and see the practical operation of the law before expressing an opinion about it. I think we are prepared to form a judgment now, if the duties of the commissioner are to be those prescribed in the bill as framed by the Attorney-General.

Dr. GRAY. There were several modifications of the bill first proposed by the Attorney-General, some being suggested by the Board of State Charities, some made by the legislative committee having it in charge. I am not prepared to state the details however.

The minutes of the meeting were then read and approved, and the Association adjourned to meet at 7 1-2 P. M.

The Association spent the afternoon in visiting the Sheppard Asylum, now in course of erection, examined the building, and the very fine grounds, and in returning to the city, passed through the tastefully arranged and beautiful grounds of Mr. D. Perrine.

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FRIDAY—EVENING SESSION.

May 30, 1873.

The Association was called to order at 8 P. M. by the President.

Dr. Earle, from the Committee on Resolutions, made the following report, which was unanimously adopted.

The Association of Medical Superintendents of American Institutions for the Insane, being about to close its twenty-seventh annual meeting, (and its second in the city of Baltimore, after an interval of twenty years,) the members desire to place on record their sense of the personal benefits and gratification derived therefrom, and their appreciation of the courtesies extended to them by their brethren and the good people of the Monumental city, therefore,

*Resolved*, 1. That with sorrowful hearts we look in vain for the genial face and warm hand of our beloved brother, the late John Fonerden, whose welcoming smiles and hearty salutations were wont to add so greatly to the social pleasure of our former gatherings. He has gone to his rest, and has entered on his reward.

2d. That this meeting, notable for its number of representatives, far exceeding that of any former year, is heightened by the presence of no less than five of the six now living, of the thirteen original founders of the Association. May their presence and counsels help to guide our deliberations for many years to come.

3d. That the retirement of Dr. Butler from the active duties of Asylum life, and from the chair of the Association at this juncture, leaving but three of the original members in active service, marks the close of the first chapter in our history, and surrounds this meeting with an interest peculiar and suggestive.

4th. That the pleasure of our present session is further increased by the unexpected, but always welcome presence of our coadjutor in the cause of humanity, Miss Dix, whose intelligent zeal and helpful sympathy is in no jot or tittle abated by increase of years or diminution of strength.

5th. That our hearty thanks are due to our colleague, Dr. William H. Stokes, for his cordial and elegant reception, and to our old friend Dr. R. S. Steuart, for his courtesies and hospitable welcome to Baltimore, and to Dr. Stokes and the Sisters of Charity for the privilege of examining the commodious, comfortable and pleasant provision for the insane at the new Mount Hope Retreat. Gratified in the highest degree by the liberal provision for comfort, convenience and health, as well as by the cheerfulness and neatness everywhere observable throughout the spacious corridors and ample parlors and bedrooms, we still deeply regret the wide departure from the principles laid down with entire unanimity by this Association to govern the construction of hospitals for the insane. We shall long remember this charming visit.

6th. To the President and Physician of the Maryland Hospital, for the opportunity of visiting that venerable institution in its new and beautiful location. In every particular a first class hospital, Maryland may well be proud of it. The severe labor of years has wrought out a structure worthy of the State and creditable to the heads and hearts of those who have so long and so patiently labored for this end. We trust the good President will live long to see and enjoy its successful operations.

7th. To I. Laurin Norris, Esq., and the Trustees of the Shepard Asylum, for a pleasant visit to that institution, now nearly half completed. When finished it will add another to the list of Maryland charities which are doing so much to alleviate misery and enoble mankind.

8th. To David Perrine, Esq., for a visit to his princely summer residence, and for his cheering hospitality. To him and to the ladies of his household, we can only offer our simple but sincere thanks.

9th. To the Trustees of the Bay-View Asylum, and to Dr. Coskey of St. Joseph's Hospital for invitations to visit their

respective institutions, which we were compelled most reluctantly to decline, because of previous engagements; and to the proprietors of the Eutaw House for the use of a parlor for our sessions, and for their attention to the wants of our members.

Dr. Gundry moved that the Superintendents of Institutions for Idiots be included in the membership of the Association, to which Dr. Gray moved to add the medical gentlemen in charge of Institutions for Inebriates. The amendment of Dr. Gray was agreed to, and the motion, as amended, was then voted down.

Dr. KIRKBRIDE. Mr. President, as the hour for our adjournment approaches, I feel that it would not be right to separate from my brethren without some very brief allusion to a few of the interesting reminiscences which connect our Association with this good city of Baltimore. It was here in this very Eutaw House, and in this room, which we are occupying to night, that this Association met almost twenty years ago, and it was here that this body adopted the series of propositions in relation to the organization of hospitals for the insane, which have been so universally recognized as being the only sound basis on which such institutions can be properly managed. At the meeting to which I have just referred, there were nineteen members present, and at this we have had no less than fifty-two. The changes throughout the whole country have been remarkable, and the provision for the insane has been more than doubled since we were here before. Nowhere have greater changes taken place than here. We all remember the old Maryland Hospital and the old Mount Hope. Those who visited them twenty years ago, and compare them now with the three noble structures, which we have recently examined, will acknowledge that the change is as great here as anywhere. The work on some of these, it is true, has been slow, but circumstances, that it is pretty safe to say, can never again occur, caused the foundations of one at least, which were laid on our previous visit, to have been almost all this long period in having the noble structure placed upon them, entirely completed.

The resolutions just passed make a very proper reference to some of the noble friends, who were with us twenty years ago, and whom we so much miss now, and yet it is pleasant to know that of the nineteen who composed that meeting, ten are present at this, and only four who are living, are absent. The venerable

President of the Maryland Hospital, is here now, just as he was then, with no diminution of zeal, and time has dealt so gently with him, that he seems almost as young as ever, while the same excellent officer continues the medical head of the other institution to which I have referred. All these changes in the number and character of American Institutions for the Insane, are certainly most encouraging to us all, and it is not too much to claim, that this Association is fairly entitled to no small credit for much of what is best in the great work which has been accomplished. Such results give us the best kind of encouragement for perseverance in the work in which we engaged, and in which all men, whether they recognize it or not, have an interest.

Dr. DENNY. Mr. President, will you have the kindness to define the official rendering and scope of the term "medical," in our title of "Medical Superintendents?" While I have no doubt of the significance attached to the expression of conveying, by implication, the idea that the Association itself thereby endorses the definition of a *strictly medical* supervisory authority on the part of a Superintendent, I concluded, since that point is in arbitration occasionally before governing Boards, to request an official decision.

Dr. KIRKBRIDE. At the time of the adoption of the constitution, there was one institution that had a superintendent who was not a medical man. That is the reason that the term was not used. I refer to the asylum now presided over by Dr. Worthington.

Dr. EARLE. I think in regard to that, there was no member present from that asylum. If I remember the circumstances, that word "medical" was introduced at my suggestion. I recollect distinctly the conversation I had with Dr. Bell about it. He wrote that article. The word "medical" was not in it, as originally written. I was then connected with the Bloomingdale Asylum, but was not superintendent of it. It was under the old organization. There were three independent officers: the physician, the warden, and the matron. I stated that fact, and Dr. Bell introduced the word "medical."

Dr. WALKER. In continuation of Dr. Kirkbride's reminiscences, allow me to recall other facts for the information of younger members of the Association. One is, that the Association consisted originally of thirteen members, six of whom are now living, and five of that number have been present at this meeting. Three of these are actively engaged as Superintendents of Hospitals, Dr.

Ray and Dr. Butler being out of active service. The three in active service are Drs. Kirkbride, Earle and Stribling. The other only living member is Dr. Wm. M. Awl, of Ohio. Not the first time in the history of the Association has there been a meeting that has not included one of the original members. Dr. Nichols and myself come in the second class. These allusions coming in at this time, cause a peculiar interest to cluster around this meeting, opening the second chapter in the history of the Association.

Dr. CURWEN. I will read the names of the original thirteen: Dr. Samuel B. Woodward, Dr. Samuel White, Dr. Isaac Ray, Dr. Luther V. Bell, Dr. C. H. Stedman, Dr. John S. Butler, Dr. Amariah Brigham, Dr. Pliny Earle, Dr. Thomas S. Kirkbride, Dr. Wm. M. Awl, Dr. Francis T. Stribling, Dr. John M. Galt, and Dr. Nehemiah Cutter.

The PRESIDENT. The Chair will remark, with the permission of the Association,—thinking it may be satisfactory to Dr. Denny,—his own impression in relation to the title of “Medical Superintendents.” As has been stated here, there was at least one institution that had a non-medical superintendent, a visiting physician or physicians. It is also well known that the original organization of Institutions for the Insane in England, was that of the institution in this country which has been referred to, the Friend’s Asylum at Frankford.

The progress of experience,—at least that is my idea, and I believe it is that of other gentlemen,—led to the conclusion that the physician and superintendent should be one and the same person; and hence the title “physician,” which was the common one in England, and was used in several of our Institutions for the Insane when first organized, was affixed to the title “Superintendent.” Many of the superintendents signed their reports as superintendent and physician, and by way of convenience among us, and as an acknowledgment from the former experience, of the propriety of having the office of superintendent and physician held by the same person, we have fallen into the use of medical superintendent, although I do not know that it is the legal title of a single member of this Association. It seems to me that I received one or two reports in which the chief medical officer signed himself “Medical Superintendent.”

In common parlance we call ourselves superintendents or medical superintendents. If we wish to be more definite than merely superintendent, we say medical superintendent, that being more convenient than superintendent and physician.

Dr. CURWEN. Referring to reminiscences, Dr. Rockwell started from Brattleboro to be present at the organization of the Association, but was detained by some accident, which entirely prevented his reaching Philadelphia. Railroads were not as common then as now.

The minutes of the meeting were then read, and the Association adjourned, to meet in Nashville, Tennessee, on the third Tuesday of May, 1874.

JOHN CURWEN, Secretary.

## NITRITE OF AMYL IN THE TREATMENT OF SPASMODIC ASTHMA AND ACUTE BRONCHITIS.

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BY DANIEL H. KITCHEN, M. D.,  
Assistant Physician of the New York State Lunatic Asylum.

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The very name of this drug suggests to the reader a remedy of recent origin. Some have used it with moderate success in the treatment of epilepsy and kindred nervous diseases. So far as we have been able to ascertain, it has been employed but little by the profession, in spasmodic troubles, as we find but one case of asthma reported in which nitrite of amyl has been used. We well know how apt one is to put forth a theory, or advance a hobby, often greatly at variance with truth, after full investigation. We shall here present, however, only a few cases, in the hope that at some future day we may be able to give details of experiments and experience with this drug.

In speaking of spasmodic asthma, it may be well to present the main points of the disease. Dr. Forbes some years since, first recognized and described it as a disease *per se*. Some modern writers doubt the very existence of nervous or spasmodic asthma; for instance, Dr. Clutterbuck, in an able and interesting lecture on clinical medicine, says, in substance, it is desirable to inquire how far the term spasm is really applicable to affections of the respiratory organs, or to what extent the respiratory muscles are concerned in certain cases of dyspnoea, for it is to muscular structures only that spasm can be referred.

The only muscles found in the course of the air tubes are those of the larynx; but these have no share in producing asthma. Muscular contractility could serve no useful purpose, as far as we can judge; but, on the contrary, it could only be exerted to the detriment of the function concerned.

It seems, therefore, unreasonable to infer the existence of spasm at this part, in order to account for the asthmatic paroxysm. To an anatomist it is plain that we may have spasm of the trachea, because the rings are incomplete, forming only about two-thirds of the circle. This provision was intended to allow the trachea to increase and diminish in size with respiration. Asthma is a nervous disease and subject to variations. The suddenness with which the attacks are ushered in is somewhat remarkable. The patient may be sitting quietly, and suddenly be attacked with difficult respiration and marked wheezing, which may continue for several hours. Usually the paroxysm abates after vomiting a copious discharge of sputa; on examining the chest during the height of an attack we hear distinct bronchial rales, both dry and moist; percussion does not reveal any variation from the normal chest sounds.

The appearance of the patient is very characteristic when the paroxysm is fully developed. He is usually pale, the position is fixed, the shoulders raised, the body bent forward, and the sweat pours off the face, from the violence of the respiratory efforts.

In one of our cases the paroxysm was so intense that the patient had to sit up half the night, and could not lie down without producing symptoms of asphyxia; at times there was marked lividity of the lips and face, gasping, loud and prolonged wheezing, with congestion of the face and neck. This condition was frequently repeated.

The age at which patients are usually attacked with asthma is such that prompt treatment is imperative.

In the treatment of this disease two things are to be considered: First—to relieve the paroxysm. Second—to prevent its recurrence.

The treatment heretofore has been stramonium; by first exhausting the air from the lungs, then rapidly inhaling the smoke. Belladonna, chloroform and fumes of nitrate of potash have also been used, each with some degree of success. Dr. Wood has shown in his valuable experiments on animals that nitrite of amyl is almost a universal sedative, acting markedly on the muscular fibre through the motor nerves.

The physiological effects produced in a few seconds after inhaling from five to ten or fifteen drops of the nitrite of amyl, are flushing of both cheeks, suffusion and redness of the eyes, giddiness, numbness and coldness of the hands, seeming loss of power to articulate, increased heat, pulse rapid and small, sometimes nearly doubled.

These effects soon disappear and the pulse falls below its normal condition, the skin which was moist and covered with perspiration becomes dry, the capillaries of the eye contract, the dizziness passing away among the last of the effects. There can be no doubt but that the inhalation of nitrite of amyl causes diminished blood pressure. Sensation or consciousness are not abolished by its use, therefore it can not be properly called an anæsthetic, as some writers have asserted, and no drowsiness follows. It would seem that the nitrite of amyl reduces blood pressure by its action on the capillaries; the first symptom we have spoken of, the flushing of the face, shows plainly enough its direct action on the capillary system. After the application of the salt to the web of a frog's foot dilatation of the capil-

laries is perceptible for a few seconds and contraction immediately follows.

In asthma the benefit derived from nitrite of amyl is due to its paralyzing power over the capillary vessels of the trachea, larynx, &c.

In acute bronchitis we have almost invariably a congestion of the fauces, and the whole respiratory tract, which produces irritation and causes coughing, and nothing can be more annoying both to the patient and his friends. Now if nitrite of amyl acts on the capillary system as described, then its use in this affection must prove advantageous.

In cutting short attacks of spasmodic asthma, and in the treatment of acute bronchitis, we have found nitrite of amyl more efficacious than any of the ordinary medicines heretofore used.

As nitrite of amyl is exceedingly volatile and care is required in its use, it is best applied by dropping it into a small cup sponge, and applying immediately to the nose, the mouth being kept shut.

Our first experiments, with less than five drops, were utterly nugatory, being insufficient to make the necessary physiological impression.

We now give a few cases illustrating its effect:

CASE I. Woman, aged fifty, widow. Patient usually had good general health. Has had spasmodic asthma for ten years. The paroxysms usually came on in the forenoon and lasted about two hours; during all this time respiration was very labored, face and lips purple. She had used the various remedies recommended for asthma, with little or no good. A pill of extract of stramonium and belladonna seemed to afford slight temporary relief. During one of the paroxysms we gave her six drops of the nitrite of amyl, by inhala-

tion, with marked beneficial results. This paroxysm lasted only half an hour. She had a paroxysm later in the same day, in which we prescribed ten drops, inhaled from a sponge; the full physiological effects were almost immediately observed, and speedy relief followed; the paroxysm lasted less than ten minutes from the time the nitrite of amyl was administered.

CASE II. Woman, aged forty, married. Patient is nervous and hysterical; usually enjoyed fair general health, with the exception of suffering more or less from some dyspnœa and dyspeptic symptoms. With the variable-ness of the weather, she took cold, and following sneezing, &c., came asthma. The cough aggravated the dyspnœa; the shortness of breath, the deep sense of suffocation and wheezing, the oppression and constriction of the chest were so severe that they threatened immediate destruction. She was thoroughly accustomed to many similar attacks, and patiently awaited any result. She had been in the habit of smoking equal parts of tobacco and stramonium leaves, with some temporary relief. When we first prescribed for her we used the steam atomizer, causing her to inhale the steam from carbolic acid, tolu and chlorate of potash. For two or three times this seemed to work well, but its effect was soon lost on the patient, and the paroxysms were as severe as ever. Her attacks lasted usually from six to ten hours. During the midst of one of these we gave her six drops by inhalation, of nitrite of amyl, and after waiting a few minutes, the dyspnœa began to subside. We gave nitrite of amyl to this patient six times, in doses varying from six to fifteen drops, and when administered in the latter dose, rapid and satisfactory relief followed. This patient had consulted a number of doctors and used drugs largely; she ex-

pressed herself as never before having had any satisfactory relief, and said she would always feel grateful to the man who originated nitrite of amyl.

CASE III. Woman, aged twenty, single. In the latter part of September had an attack of acute bronchitis, with severe paroxysms of coughing and sneezing. During each of these attacks, the dyspnœa was well marked; the face, lips and eyes were intensely congested; ordinary expectorants were prescribed for the bronchitis, and inhalation of ten drops of the nitrite of amyl for the cough. This proved effectual and cut short the cough and afforded much relief to the patient.

CASE IV. Woman, aged twenty-five, single. In the early part of September last had an attack of bronchitis of the smaller tubes, with fever and catarrh. She had frequent periods of coughing which always produced intense headache and general constitutional disturbance. Nitrite of amyl was given in eight drop doses by inhalation, during the paroxysm of coughing; in less than five minutes all the congestion of face and eyes had subsided and the dyspnœa disappeared. In this case occasion required it to be used only twice.

We have similar cases of asthma and bronchitis, in which the same marked benefit has been experienced; the similarity is so great that it is unnecessary to report them.

## INSANE CRIMINALS IN ITALY.

BY DR. BIFFI, OF MILAN.

The proportion of criminal lunatics in Italy is obviously below that of other nations, for it amounts to 0.38 per cent., whereas in Scotland it reaches 12, in England as much as 64, and 5 in the German penitentiaries. Shall we conclude therefrom that insanity is rare among Italian convicts? Of course, not. The idea that criminal acts may be the offspring of a morbid impulse has as yet found no access in our public mind; hence, madmen are regarded in our prisons as ferocious, uncontrollable, or incapable of education instead of insane. Another reason is our want of such asylums for criminal lunatics as they have in England, wherefore, insane convicts, once thus acknowledged, are refused ready admission in our few and mal-surveilled asylums, or rejected therefrom as dangerous patients.

It is a fact that not a few individuals completely insane, may be met with under restraint in our penitentiary cells. Lombroso found in the jail of one of our leading provinces, a wretched case of pellagra, whose father and uncle had pellagra, serving a sentence of fourteen years, for having stolen some kilogrammes of onions, which he picked up from a field, while in one of his attacks, when he was impelled to run in a straight line, taking hold of everything that came in his way, until exhausted, when he would pass into a profound sleep for twenty-four hours. He not only confessed his guilt of a theft he had not committed, but declared that he merited to be executed, and notwithstanding such declarations, his refusal to take any food, with

attempts to strangle himself, and the display of the erythema of pellagra, in addition to his having been twice in the hospital, he was condemned.

Another man, whose grandfather, father, and brother were epileptics, murdered a person, an entire stranger to him, without motive or feeling of revenge, while he was in a state of epileptic drowsiness. He, however, remained incarcerated, serving out his sentence.

These statistics render manifest that a great number of lunatics are condemned in disregard of the evidence of their insanity. Thus, 8 imbeciles, 1 cretin, and 2 demented, were affected previous to the commission of their crimes, insanity, in their respective cases, being either congenital, or consecutive to some long standing affection. The degree of instruction of the prisoners furnishes a further proof; 214 out of 3,045 males, or 7 per cent., and 24 out of 200 females, or 12 per cent., were illiterate. Proof again is given by the 5 who committed suicide, and the 6 who attempted it who had exhibited symptoms of insanity before. One of them, as it is stated, had delusions of persecution, and would become furious and attempt suicide, on seeing his keepers, whom he supposed to be the originators of his brother's ruin. He was insane when imprisoned, and condemned to fifteen years for larceny, for belonging to an armed band, and for breaking out of prison.

The absence of insanity among females is a curious fact, exhibited by these statistics. Being accustomed to a life of retirement they are less susceptible than males to be affected by seclusion. This striking discordance with the results of the general statistics of insanity should indicate, however, that some omission has occurred in these researches. It is no less remarkable that banishment and penal agricultural colonies,

did not afford any example of insanity, which is noticeable in its highest degree among those under the mixed system of Tuscany and that of Auburn. However, to arrive at any reliable conclusions on these special influences, more numerous data are required.

The largest proportion of lunatics was found among those condemned to penal servitude for life. Perhaps the dread of their sentence operated on their mind, although the fact may be more readily accounted for by a greater predisposition to insanity among those unfortunates, who were, more than others, prone to crime.

The unfavorable conditions of imprisonment influenced the character of the insanity, and hence the predominance of the depressing varieties: 1 mania, 9 monomania of persecution, 2 nostalgia, 2 suicidal monomania, 3 hypochondria, 5 melancholia, the whole amounting almost to a half (22) of the cases, whereas the examples of exaltation and erotism reach only 4.

The meagre proportion of maniacs, and of acute delirium (7) is striking, and as they form a large class in our hospitals, it evinces that they pass unnoticed or are not transferred until long after the supervention of the disease, when it has become chronic. The scarcity of sensorial monomania (5) is worthy of particular notice, for it frequently attends the close cell system and the interdiction of conversation; yet, the hallucinations of sensation which often torment, in silence, the brains of their unfortunate victims, escapes the vigilance of prison keepers with the same frequency that it does those of persons outside.—*Archivio Italiano per le Maladie Nervosæ*, &c. : 1st Novembre, 1872, p. 360.

## LIABILITY OF INSURANCE COMPANIES FOR LOSSES BY SUICIDE.\*

Mr. Justice Hunt delivered the opinion of the Court.

This action was brought to recover the sum of \$2,000, claimed to be due upon a policy of insurance on the life of George Terry, made and issued to the plaintiff, his wife.

The policy contained a condition, of which a portion was in the following words, viz: "If the said person, whose life is hereby insured, \* \* shall die by his own hand, \* \* this policy shall be null and void."

Within the term of the policy, George Terry died from the effects of poison taken by him.

Evidence was given tending to show that at the time he took the poison he was insane. Evidence was also given tending to show that at the time he was sane and capable of knowing the consequences of the act he was about to commit.

Thereupon the counsel for the defendant asked the court to instruct the jury—

*First.*—If the jury believe from the evidence in the case that the said George Terry destroyed his own life; and that, at the time of self-destruction he had sufficient capacity to understand the nature of the act which he was about to commit, and the consequence which would result from it, then, and in that case, the plaintiff can not recover on the policy declared on in this case.

*Second.*—That if the jury believe from the evidence that the self-destruction of the said George Terry was

\*Supreme Court of the United States. [No. 166.—December Term, 1872.]  
The Mutual Life Insurance Company, of New York, Plaintiffs in error, vs.  
Mary Terry.

intended by him, he having sufficient capacity at the time to understand the nature of the act which he was about to commit, and the consequences which would result from it, then, and in that case, it is wholly immaterial in the present case that he was impelled thereto by insanity, which impaired his sense of moral responsibility, and rendered him, to a certain extent, irresponsible for his action.

Which instructions, and each one of said instructions, the court refused to give to the jury, but the court did charge the jury as follows:

"It being agreed that deceased destroyed his life by taking poison, it is claimed by defendant that he 'died by his own hand,' within the meaning of the policy, and they are, therefore, not liable.

"This is so far true that it devolves on the plaintiff to prove such insanity on the part of the decedent, existing at the time he took the poison, as will relieve the act of taking his own life from the effect which, by the general terms used in the policy, self-destruction was to have, namely, to avoid the policy.

"It is not every kind or degree of insanity which will so far excuse the party taking his own life as to make the company insuring liable.

"To do this, the act of self-destruction must have been the consequence of the insanity, and the mind of the decedent must have been so far deranged as to have made him incapable of using a rational judgment in regard to the act which he was committing.

"If he was impelled to the act by an insane impulse which the reason that was left him did not enable him to resist, or if his reasoning powers were so far overthrown by his mental condition that he could not exercise his reasoning faculties on the act he was about to do, the company is liable. On the other hand, there is

no presumption of law *prima facie* or otherwise, that self-destruction arises from insanity, and if you believe from the evidence that the decedent, although excited or angry, or distressed in mind, formed the determination to take his own life, because in the exercise of his usual reasoning faculties he preferred death to life, then the company is not liable, because he died by his own hand within the meaning of the policy."

The request proceeds upon the theory that if the deceased had sufficient mental capacity to understand the nature and consequences of his act, that is, that he was about to take poison, and that his death would be the result, he was responsible for his conduct, and the defendant is not liable; and the fact that his sense of moral responsibility was impaired by insanity, does not affect the case.

The charge proceeds upon the theory that a higher degree of mental and moral power must exist; that although the deceased had the capacity to know that he was about to take poison, and that his death would be the result, yet, if his reasoning powers were so far gone that he could not exercise them on the act he was about to commit, its nature and effect, or if he was impelled by an insane impulse which his impaired capacity did not enable him to resist, he was not responsible for his conduct, and the defendant is liable.

It may not be amiss to notice that the case does not present the point of what is call emotional insanity, or *mania transitoria*, that is, the case of one in the possession of his ordinary reasoning faculties, who allows passions to convert him into a temporary maniac, and while in this condition commits the act in question. This case is expressly excluded by the last clause of the charge, in which it is said that anger, distress or excitement does not bring the case within the rule, if the insured possesses his ordinary reasoning faculties.

The case of *Borrodaile vs. Hunter* (5 Man. & G., 639,) is cited by the insurance company. The case is found also in 2 *Bigelow Life and Acc. Ins. cases*, p. 280, and in a note appended are found the most of the cases upon the subject before us. The jury found in that case that the deceased voluntarily took his own life, and intended so to do, but that at the time of committing the act he was not capable of judging between right and wrong. Judgment went for the defendant, which was sustained upon appeal to the full bench. The counsel for the company argued that where the act causing death was intentional on the part of the deceased, the fact that his mind was so far impaired that he was incapable of judging between right and wrong did not prevent the proviso from attaching; that moral or legal responsibility was irrelevant to the issue. The counsel adds:

"It may very well be conceded that the case would not have fallen within the meaning of the condition had the death of the assured resulted from an act committed under the influence of delirium, or if he had, in a paroxysm of fever, precipitated himself from a window, or, having been bled, removed the bandages, and death in either case had ensued. In these and many other cases that might be put, though, strictly speaking the assured may be said to have died by his own hands, the circumstances clearly would not be such as the parties contemplated when the contract was entered into." In delivering the opinion of the court, *Erskine, J.*, says all that the "contract requires is, that the act of self-destruction should be the voluntary and willful act of a man having at the time sufficient powers of mind and reason to understand the physical nature and consequences of such an act, and having at the time a purpose and intention to cause his own death by that act,

and the question whether at the time he was capable of understanding the moral nature and quality of his purpose, is not relevant to the inquiry further than as it might help to illustrate the extent of his capacity to understand the physical character of the act itself." Chief-Justice Tindal dissented from the judgment. In speaking of the verdict he says "it is not, perhaps, to be taken strictly as a verdict that the deceased was *non compos mentis* at the time the act was committed, for if this latter is the meaning of the jury, the case would then fall within that description mentioned in the argument to be without the reach of the proviso, namely, the case of death inflicted on himself by the party whilst under the influence of frenzy, delusion or insanity." This authority was followed in *Clift vs. Swable*, 3 Com. B., 437, where it was substantially held that the terms of the condition included all acts of voluntary self-destruction, and that, whether the party is a voluntary moral agent, is not in issue.

These decisions expressly exclude the question of mental soundness. They are in hostility to the tests of liability or responsibility adopted by the English courts in other cases from Coke and Hale onwards. Coke said "a little madness deprives the lunatic of civil rights or dominion over property, and annuls wills." But, to exempt from responsibility for crime, he says "complete ignorance of the knowledge of right and wrong must exist." Lord Mansfield holds the legal test of a sound mind to be the knowledge of right and wrong, of good and evil; of which the converse is ignorance of knowledge of right and wrong, of good and evil. Lord Lyttleton held the test to be the state called *compos mentis* or sound mind. Lord Erskine defined it to be the absence of any practicable delusion traceable to a criminal or immoral act. (Defence of Hadfield.) In 1

Pricard p. 16, on the different forms of insanity, will be found the somewhat lengthy definition of insanity by Lord Lyndhurst. (1 Shelf. Lun. 46.)

The English judges refuse to apply to the act of the insured in causing his death the principles of legal and moral responsibility recognized in cases where the contract, the last will, or the alleged crime of such person may be in issue.

In *Hartman vs. Keystone Ins. Co.*, 21 Pen. R., 466, the doctrine of *Borrodaile vs. Hunter* was adopted, with the confessedly unsound addition that suicide would avoid a policy, although there was no condition to that effect in the policy.

In *Dean vs. Mutual Life Ins. Co.*, 4 Allen, 96, the courts of Massachusetts held substantially the doctrine of *Borrodaile vs. Hunter*. In Kentucky, in *St. Louis L. Ins. Co. vs. Graves*, 6 Bush., 268, the court were divided upon the question of the soundness of *Borrodaile vs. Hunter*, but held unanimously that, where the suicide was committed during an uncontrollable passion caused by intoxication, the condition was broken and the policy avoided.

In *Cooper vs. Massachusetts Life Ins. Co.*, 102 Mass. R., 227, the doctrine of *Dean vs. Am. Life Ins. Co.* was reaffirmed, the plaintiff offering to prove that the deceased was insane at the time he committed the act; that he acted under the influence and impulse of insanity, and that his act of self-destruction was the direct result of his insanity.

In *Nimick vs. Ins. Co.*, 10 Am. L. Reg., 102, *McKennon*, Circuit J. U. S. Western District Penn., held that if the assured comprehended the physical nature and consequences of the act, and intended to destroy his life, the policy was void, although he did not comprehend the moral nature of the act.

On the other hand, in *Easterbrook vs. Union Ins. Co.*, 54 Main 224, the judge at the trial instructed the jury "that if the insured was governed by irresistible or blind impulse in committing the act of suicide, the plaintiff would be entitled to recover." This decision was sustained by the Supreme Court of the State of Maine.

In the State of New York the question arose in *Brearter vs. Farmers' Loan and Trust Co.*, 4 Hill, 731. In an action upon the policy the defendants pleaded that the deceased committed suicide by drowning himself in the Hudson River, and he died by his own hand. To this the plaintiff replied that the assured was of unsound mind and wholly unconscious of the act. The defendants demurred. The Supreme Court overruled the demurrer, holding that the reply afforded a sufficient answer to the plea.

The case afterwards came before the Court of Appeals of that State, 4 Seld., 299, when it was held that the provision in the policy had reference to a criminal act of self-destruction, that the self-destruction of the insured while insane, and incapable of discerning between right and wrong, was not within the provision.

In the case of *Gay vs. the Union M. Life Ins. Co.*, cited 2 Bigelow, *sup.*, p. 280, it was held that if the deceased was conscious of the act he was committing, if he intended to take his own life, and was capable of understanding the nature and consequences of it, the policy was void, but if the insured destroyed himself while acting under an insane delusion, which overpowered his understanding and will, or if he was impelled to the act by an uncontrollable impulse, the case did not fall within the proviso of the policy. This decision, it is stated by Bigelow, *sup.*, was the result of a careful deliberation between Judges Woodruff and Ship-

man at a Circuit Court of the United States held by them jointly.

In his work on insurance, Mr. Phillips, after citing the cases, closes thus: "And I take our law to be that any mental derangement which would be sufficient to exonerate a party from a contract would render a person incapable of occasioning the forfeiture of a policy under this condition." (Phil. on Ins., sec. 894.)

There is a conflict in the authorities which can not be reconciled.

The propositions embodied in the charge before us are in some respects different from each other, but in principle they are identical. They rest upon the same basis, the moral and intellectual incapacity of the deceased. In each case the physical act of self-destruction was that of George Terry. In neither was it truly his act. In the one supposition he did it when his reasoning powers were overthrown and he had not power or capacity to exercise them upon the act he was about to do. It was in effect as if his intellect and reason were blotted out or had never existed. In the other, if he understood and appreciated the effect of his act, an uncontrollable impulse caused by insanity compelled its commission. He had not the power to refrain from its commission, or to resist the impulse. Each of the principles put forth by the judge rests upon the same basis that the act was not the voluntary intelligent act of the deceased.

The causes of insanity are as varied as the varying circumstances of man.

———"Some for love, some for jealousy,  
For grim religion some, and some for pride,  
Have lost their reason; some for fear of want,  
Want all their lives; and others every day,  
For fear of dying, suffer worse than death."

[*Armstrong on Health*, book 4, v. 84. Cited, Shelf. Lun., In. 1, 43.]

When we speak of the "mental" condition of a person we refer to his senses, his perception, his consciousness, his ideas. If his mental condition is perfect, his will, his memory, his understanding are perfect, and connected with a healthy bodily organization. If these do not concur, his mental condition is diseased or defective.

Excessive action of the brain whereby the faculties become exhausted, a want of proper action whereby the functions become impaired and diminished, the visions, delusions and mania which accompany irritability, or the weakness which results from an excess of vital functions, indigestion and sleeplessness, are all the result of a disturbance of the physical system. The intellect and intelligence of a man are manifested through the organs of the brain, and from these, consciousness, will, memory, judgment, thought, volition and passion, the functions of the mind, do proceed. Without the brain these can not exist. With an injured or diseased brain, their powers are impaired or diminished.

We have not before us the particular facts on which the questions of the sanity of Terry were presented. We may assume that proof was given upon which the proposition of the charge were based. We do not know whether he was sleepless, unduly excited, or unnaturally depressed; whether he had abandoned his accustomed habits and pursuits and adopted new and unusual ones; from a quiet, orderly man, had he become disorderly, vicious, or licentious; that his fondness for his wife and children changed to dislike and abuse? That jealousy, pride, the fear of want, the fear of death had overtaken him? He may have realized the state supposed by the counsel in arguing *Borrodaile vs. Hunter*, viz.: That his death might have resulted from an

act committed under the influence of delirium, or that in a paroxysm of fever he might have precipitated himself from a window, or having been bled, he might have torn away the bandages.

Whether he swallowed poison or did the other insane acts, might result from the same condition of body and mind.

Delirium, fever, tearing away the bandages for preserving the life, the taking of poison, in a case like that before us, are all results of bodily disease. If bodily disease in these other forms overthrew Terry's reasoning faculties, in other words, destroyed his consciousness, his judgment, his volition, his will, he remained the form of the man only. The reflecting, responsible being did not exist. In the language of the successful counsel in *Borrodaile vs. Hunter*, "In these and many other cases, though, strictly speaking, the assured may be said to have died by his own hands, the circumstances clearly would not be such as the parties contemplated when the contract was entered into."

That form of insanity called impulsive insanity, by which the person is irresistibly impelled to the commission of an act, is recognized by writers on this subject. It is sometimes accompanied by delusions, and sometimes exists without them. The insanity may be patent in many ways, or it may be concealed. We speak of the impulses of persons of unsound mind. They are manifested in every form—breaking of windows, destruction of furniture, tearing of clothes, firing of houses, assaults, murders and suicides. The cases are to be carefully distinguished from those where persons in possession of their reasoning faculties are impelled by passion, merely, to the same direction. (See Blandford on Insanity—"Impulsive Insanity.")

Dr. Ray, cited by Fisher, approves the charge of the

judge in Haskell's case, where he says : "The true test lies in the word *power*. Has the defendant in a criminal case the power to distinguish right from wrong, *and the power to adhere to the right and avoid the wrong?*" (Fisher on Insanity, p. 83.)

The question of insanity has usually been presented upon the validity of an agreement, the capacity to make a will, or upon responsibility for crime. If Terry had made an agreement under the circumstances stated in the charge, a jury or a court would have been justified in pronouncing it invalid. A will, then, made by him, would have been rejected by the surrogate if offered for probate. If upon trial for a criminal offence, upon all the authorities, he would have been entitled to a charge, that upon proof of the facts assumed, the jury must acquit him. (Freeman vs. People, 4 Denio, 9; Williss vs. the People, 32 N. Y., 719; Seaman So. vs. Hoffner, 33 N. Y., 619; the Marquis of Winchester's case, 6 Coke R., 23; Combe's case, Moore, R., 759.)

We think a similar principle must control the present case, although the standard may be different.

We hold the rule on the question before us to be this: If the assured, being in the possession of his ordinary reasoning faculties, from anger, pride, jealousy, or a desire to escape from the ills of life, intentionally takes his own life, the proviso attaches, and there can be no recovery. If the death is caused by the voluntary act of the assured, he knowing and intending that his death shall be the result of his act, but when his reasoning faculties are so far impaired that he is not able to understand the moral character, the general nature, consequences and effect of the act he is about to commit, or when he is impelled thereto by an insane impulse, which he has not the power to resist, such death is not within the contemplation of the parties to the contract, and the insurer is liable.

In the present instance the contract of insurance was made between Mrs. Terry and the company, the insured not being in form a party to the contract. Such contracts are frequently made by the insured himself, the policy stating that it is for the benefit of the wife, and that in the event of death the money is to be paid to her. We see no difference in the cases. In each it is the case of a contract, and is to be so rendered as to give effect to the intention of the parties. Nor do we see any difference for this purpose in the meaning of the expressions, commit suicide, take his own life or die by his own hands. With either expression, it is not claimed that accidental self-destruction, death in endeavoring to escape from the flames, or the like, is within the proviso.

The judgment must be affirmed.

Dissenting, Mr. Justice Strong.

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## BIBLIOGRAPHICAL.

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### REPORTS OF AMERICAN ASYLUMS FOR 1872-3.

NEW HAMPSHIRE. *Report of the New Hampshire Asylum for the Insane*: 1873. Dr. J. P. BANCROFT.

There were remaining in the Asylum, at date of last report, 254 patients. Admitted since, 194. Total, 448. Discharged recovered, 61. Improved, 51. Unimproved, 27. Died, 33. Total, 172. Remaining under treatment, 276.

More patients have been treated this year than during any other since the opening of the Institution. The recoveries amounted to eighty per cent. of the admissions, of acute cases, whose insanity had existed

less than six months. Concerning the treatment of insanity, the Doctor remarks:

The observations of another year, I think, justify the belief that movement is in the right direction, and that real progress is being made in treating one of the most grave and painful of human diseases, and, especially, in greatly mitigating the sufferings of both those who do, and those who do not recover.

In regard to the purely medical treatment of the affections which are found in an asylum, there is nothing peculiar or different from ordinary practice, and the only advantage enjoyed in this particular is in the increased facility in diagnosis, and the adaption of remedies to symptoms, gained from larger observation and experience—the same advantage gained in every specialty in medicine.

But the main peculiarity in the hospital treatment of mental diseases is in the fact that so large a part of the curative agencies lie outside of purely medical prescriptions; indeed the latter might almost be regarded as subordinate. I do not propose to discuss the subject of moral treatment, but refer to the relative significance of this class of measures, to make way for a few words on the construction of hospitals; for I have no doubt that organization, facilities for classification, and the best adjustment of all private and social influences, may be made eminently remedial.

This branch of treatment, then, differs from the medical in this, that while the latter may be well done, and finished in a few simple prescriptions, there need be no limit to the former, except that imposed by the expenses of appliances. While this limit is a necessity which we can not escape, still, there are certain fundamental facilities, the existence of which are essential to the good results which, with them, are easily attainable; and without which the best personal efforts are comparatively fruitless. I refer to such architectural arrangements as shall secure the most desirable classification of patients, and meet, in the best manner, the wants of the average of cases, and thus supplement the personal efforts of physicians and attendants.

Increased accommodations for the classification of disturbed patients, and dining rooms for the same, are needed. A plan is submitted for these, as well as for a small hospital building, where the friends can visit the sick and feeble without being exposed to the intru-

sion of others, or disturbed by necessary attention to the routine business of the house.

NEW YORK. *Report of the State Lunatic Asylum*: 1872. Dr. JOHN P. GRAY.

There were remaining in the Asylum, at date of last report, 583 patients. Admitted since, 399. Total, 982. Discharged recovered, 142. Improved, 73. Unimproved, 156. Not insane, 14. Died, 62. Total, 447. Remaining under treatment, 535.

We present from the report of the managers of the Asylum, their remarks upon a subject of special importance, at the present time, to the medical officers of institutions for the insane.

The managers deem it timely and proper to call the attention of the Legislature to some embarrassing questions affecting the important charitable institutions dependent on the bounty and control of public authority, and which happens particularly to concern the institution under their immediate charge. The superintendents and officers of such charities are appointed to perform particular trusts and duties prescribed by law, and are properly held to the strictest performance of them within the reasonable powers and capacity of qualified men. To exact more of them is not only inconsiderate and unjust, but subversive of the very purpose of their appointment. They can not do everything; they can only do their particular duty. They are hindered in doing this by the frequent, and frequently unnecessary calls of judicial and of other authority, which they can not disregard without a real or technical disobedience of the law, which itself ought to protect them against a conflict of duties, and give weight, consideration and preference to the superior duty. There are two particulars of special grievance. 1. Such officials are often required, by subpœna or otherwise, to become witnesses as experts in cases of the alleged insanity of persons not under their care or observation; and are required, by a process for contempt, to obey the call, whatever may be the exigency of special duty in their special trusts. They are legally subject to be summoned away from that duty by any of the courts of high civil or criminal jurisdiction, by a surrogate, or even by a justice of the peace, to express a mere opinion, under

oath, respecting cases of which they have no proper opportunity for a particular knowledge. Every day they are liable to such summons. Every month, perhaps, they are actually summoned; and whatever may be the positive necessities of their office, those must be sacrificed, under the penalty of a contempt, and often for days together, to the capricious and froward demands of an attorney, or of a thoughtless or contriving party in a suit seeking after favorable professional witnesses. It may not be amiss to observe that this matter of the testimony of experts, especially in cases of alleged insanity, has gone to such an extravagance that it has really become of late years a profitable profession to be an expert witness, at the command of any party and ready for any party, for a sufficient and often an exorbitant fee; thus destroying the real value of the testimony of unbiased experts. Vaunted and venal expertness is usually worthless for evidence; and yet such testimony is getting to be in great demand. One expert, whether real or assumptive, is set up against another; and finally it will result that, by competition, pretending inexpertness will prevail, by numbers, against the real expertness of those few thoroughly qualified men whose judgment is the mature experience collected from years of daily study and practical observation. Obviously it does not become States, or great tribunals, or public justice, that the testimony which settles matters of weight should be trifled with as it is for an emolument; and experts should only be called, as formerly they were, by the court itself, on its own judgment of the necessity requiring them; and when called at all, they should be the sworn advisers of the *court and jury*, and not witnesses summoned in the particular behalf of any party; nor should they be permitted to receive either fee or reward from any party, but only from the court or the public. Capable judges are competent to say, in any case, whether the court requires the evidence of experts for its information in matters of technical knowledge or science, and also to say who shall be particularly summoned for his acknowledged expertness; and should, therefore, have the control of that sort of testimony, which is only allowable to enlighten the court and jury, and not to be the ordinary captious weapon of attorneys and counselors, nor to be the theoretical, one-sided opinions of sciolists, founded on some hypothetical case which deflects more or less from the actual truth of the real case in question. By a deviation from the old strictness of this rule, the testimony of opinions is gradually gaining control over the testimony of facts; and what ought only to affect the instructions of

the court on points of law, becomes weightier with the jury than the evidence of facts, which it is their peculiar duty and province to decide upon under proper instruction as to the law, with which juries are not ordinarily supposed to be particularly conversant.

*De lege judices, de facto juratores, respondent.* The judges pass upon the law; the jury upon the facts. True and impartial experts enlighten the judges, who instruct the juries; and the whole virtue of expertness lies in the light it may shed upon obscure questions of a scientific or technical character, in which judges and juries are not supposed to be versed. Trials of criminals and questions about last wills have lately assumed the character of contests of expertness, so that the office of the court and jury seems to be narrowed to a judgment, not upon the value of proved facts, but on the weight of conflicting opinions. Such a perversion of law and testimony results in constantly calling away from their public duties those who have a repute of superior skill and experience, who are often made witnesses under circumstances that impair the due weight of their opinions, and are adverse to a fair expression of them. Some check should be interposed by law to prevent the frequent calls upon the medical officers of public charities as expert witnesses, by limiting the discretion of calling them to the court rather than to the parties to a controversy, or their attorneys and counselors.

Much interruption of the necessary official duty of the medical officers also arises from the somewhat summary granting by the courts of writs of *habeas corpus*, requiring them to leave their proper duties as public officers and to make returns to such writs, by a personal attendance with those in their custody, before some judge or court distant from the proper place of their official duty. This evil is double: 1. By requiring the frequent absence of the medical officer from his proper post. 2. By requiring the bodily presence of his ward, well or ill, at some distant or inconvenient place. Both evils are apparent on the mere statement of them; and both may be remedied without any harm to public or private liberty or rights.

As to the first, a sheriff or some other civil officer, or some deputed servant of the court or judge, might be required to serve the writ or process, and at the same time to take charge of and produce in person the subject of the writ, when that is deemed necessary for the ends of justice and liberty, with an explanatory sworn statement in writing of the superintendent or other medical officer of the asylum or hospital, specifying the original and present cause of

detention; all which would doubtless be a sufficient and satisfactory return under all ordinary circumstances. But it is a most reasonable presumption that a person in the charge of a State institution is already sufficiently in the charge and custody of the State itself, for all purposes of personal safety and protection; and therefore, particularly, if not a criminal, should not be forced from his seclusion, until sufficient cause be shown for a rude and summary interference upon the return of such a preliminary process as is suggested. The State should so far confide in the officers of its own public charitable institutions as to take their returns of facts on affidavit as presumptive evidence of the truth; and should only put them to further question on good contradictory evidence impeaching the return. The result of such a proceeding would probably be, in nine cases out of ten, that no further return would be required by the court or judge, and that the patient himself would not be subject to personal disturbance, nor the medical officer to distraction or absence from his duties. It should be considered, also, that the forced personal appearance of a lunatic or imbecile on the usual process is often a serious and sometimes a fatal obstruction to his cure, or at least an impairment of his present health; and even if the personal appearance of the medical officer in charge of him should be absolutely required for the purposes of the return, the personal appearance of the subject of the writ should not always be imperatively demanded.

There should obviously be a discretion lodged somewhere, to meet the exigencies of special cases; and it would seem proper that the court or officer granting the writ should have that discretion, exclusive of the parties requiring its issue and enforcement.

Whoever officially grants such a writ, on proper cause shown, should be required to make it returnable before some proper judge or officer in the immediate vicinity of the subject of it and his legal custodian, so that the return might be expeditiously made, with as little interference with the public duty of the custodian and the personal welfare of his ward as will fairly meet the exigency. Such a provision as this would prove very serviceable in a multitude of cases, without any perceivable detriment to public or private rights.

The purpose of a writ of *habeas corpus* is to secure the liberty of every citizen from unlawful infringement. Although all confinement is an infraction of personal liberty, yet the State demands and authorizes confinement in particular cases, for the good of the community, for health, for safeguard, for punishment of crime.

The writ, should not, however, be allowed to defeat the purpose of the State. In the case of a lunatic confined to an asylum established by the State, and under its special charge and control, the presumption must necessarily be in favor of the State and its officers, that the confinement is for proper cause. Unless it be first manifestly shown, by abundant positive proof, and not by mere suggestion, that the confinement is legally unwarranted, no summary process should be suffered to break up the discipline of the State in its own institutions; nor, especially, to carry away, on short notice and peremptorily, its own officers, charged by a sort of attorneyship, with the duties of the State, and for that purpose representing itself. Such a proceeding is stultifying; it is giving and revoking authority in the same breath.

The best records show quite conclusively, that the commitments to State hospitals and asylums for the insane of persons who are not insane when committed, or who are detained after recovery, having been insane when committed, or who are not at once discharged when discovered to be sane, are so uncommon that not a case can be fairly vouched; and the final judgments in cases of *habeas corpus* affecting lunatics confined in State hospitals almost invariably result in returning the subjects of the writ into the same custody, often with an aggravation, temporary or permanent, of their malady, caused by their summary removal from the asylum and their forced appearance before the officer or court requiring their presence. There is a manifest inhumanity in thus publicly exposing human wretchedness so real as that of insanity. There should therefore be some modification of the proceedings in the case of the State institutions of a charitable purpose, so that a certificate or an affidavit of the chief officer or of his assistants, or a personal examination by some competent judicial officer in the vicinage, should *prima facie* be a sufficient legal return; and that before any personal appearance, either of a superintendent or of his ward, be positively demanded, the court or judicial officer should be abundantly satisfied by rebutting evidence that such a personal appearance is absolutely necessary for the ends of justice and right.

A modification adapted to such peculiar circumstances does not seem in any way to conflict with the purpose or principle of this humane writ. A strict compliance with its customary technical exigencies may often defeat its proper end. It should be made to subserve the purposes of both justice and humanity, if it can. In the case of many lunatics, death may release the victim of

disease and interference before the most summary law would do so. The quiet and seclusion so essential in such cases is abruptly disturbed, and the patient is prematurely sacrificed to an untoward technicality which, in such extreme cases, ought to lose its rigidity in favor of a crazed brain and insuperable weakness.

Dr. Gray has given a summary of the progress made in the department of special pathology.

All the necessary instruments have now been obtained, and a laboratory and photographic room have been properly fitted up. These arrangements include all that is required for chemical and microscopic examinations, for photography, and for photo-micrography. A large number of specimens of diseased and normal brain tissue have been mounted and prepared, and some twenty-five negatives of microscopic slides have been made. Printed copies of them were presented to the Board of Managers at their annual meeting.

The subject of special hospital accommodations for the sick and feeble, and also a plan for such a building is again presented to the managers. The Legislature has since made the necessary appropriation to carry out the views of Dr. Gray, and the building for the women's side of the house, is now in process of erection.

The remainder of the report contains the usual statistical matter, and results of post-mortem examinations.

We give the following extract from the report of Dr. Hun, the special pathologist:

From the above condensed report we find that in every case there was some considerable disease of the brain or its membranes. The well-known connection between tuberculosis and insanity is well illustrated by the fact that out of twenty-four cases, fourteen of them presented evidences of tubercular disease of the lungs.

The peculiar deflection of the transverse colon toward the pubis, so frequently mentioned by authors upon insanity, was observed in seven of the twenty-four cases.

In all of the above cases the brain was submitted to careful microscopic examination, but the results obtained were so varied that

I have found it impossible to tabulate the appearances observed in each case. Among the abnormal conditions revealed by the microscope were a granular fatty deposit in the enlarged peri-vascular sheath of the smaller vessels of the brain, a fatty degeneration of the nerve cells, an increased proliferation of the connective tissue, small effusions of blood from rupture of capillaries, microscopic miliary aneurisms (as described by Charcot,) and many other lesions which I have not as yet been able to classify, and which must remain to be fully described in some future report.

While examining the brain of a female patient who died during an attack of sub-acute mania in August, 1871, I saw, for the first time, a peculiar lesion of the tissue of the brain and spinal cord, which I subsequently met with in a number of cases, not only of acute mania, but also of other forms of insanity. These sections of the tissue, previously hardened in absolute alcohol, were made and colored with carmine, rendered transparent with benzole, and mounted in balsam. Examined by transmittent light, they could be seen with the naked eye to be studded with small white spots which were very numerous and of variable size. Under the microscope these spots presented a granular appearance, and many of them contained a number of elongated crystalline bodies. They did not imbibe the carmine solution to the same extent as the surrounding healthy tissue, and were of a pale greenish color. Their edges were not well defined, but the deposit seemed gradually to merge into the normal brain substance. They were circular or oval in form, and varied in size from one-twentieth to less than one five-hundredth of an inch in diameter. In some instances the nerve fibres seemed to pass through them, but as a general rule they appeared to be destroyed. These bodies occupied the white substance of the brain, none of them being found in the gray matter of the convolutions.

The following table gives the sex, age and form of insanity in the cases where the above deposits were observed;

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|---------------------------|------------------|
| 1. Female, 57 years ..... | Sub-acute mania. |
| 2. Male, 28 years .....   | Dementia.        |
| 3. Male, 40 years .....   | General paresis. |
| 4. Male, 45 years .....   | General paresis. |
| 5. Female, 68 years ..... | Chronic mania.   |
| 6. Female, 37 years ..... | Chronic mania.   |
| 7. Male, 30 years .....   | Dementia.        |

Last year my attention was called to another form of deposit in the brain tissue, which differed from the preceding in that the

spots were smaller and their outline more distinctly defined. These deposits were very dense and white; they did not imbibe the coloring from a carmine solution, and contained none of the crystalline bodies observed in the first variety. They appeared to be surrounded by a capsule of condensed connective tissue, and none of them were traversed by nerve fibres, these latter being pushed to one side. They could be easily detached from the healthy tissue by teasing out the specimen with a needle, and in one section, which was accidentally torn, the morbid deposits could be seen protruding from the torn edge in the form of rounded projections.

The following is a list of the sex, age and form of insanity in the cases where this second form of deposit was found :

1. Male, 25 years.....Sub-acute mania.
2. Male, 62 years.....Chronic mania,
3. Male, 46 years.....Paroxysmal mania.
4. Female, 33 years.....Acute Mania.
5. Male, 52 years.....Dementia.
6. Male, 27 years.....General paresis.

PENNSYLVANIA. *Report of the Asylum for the Relief of Persons Deprived of the Use of their Reason:* 1873. Dr. J. H. WORTHINGTON.

There were remaining in the Asylum, at date of last report, 57 patients. Admitted since, 39. Total, 96. Discharged recovered, 8. Improved, 4. Unimproved, 4. Died, 2. Total, 18. Remaining under treatment, 78.

Improvements additional to those reported last year have been made. The windows of the disturbed wards have been enlarged. New airing courts prepared, and the grounds about the wings filled in and graded. The number of patients in the Institution at the close of the year, was larger than at any time since the opening of the Asylum.

MISSOURI. *Report of the Saint Louis County Insane Asylum:* 1873. Dr. W. B. HAZARD.

There were remaining in the Asylum, at date of last report, 299 patients. Admitted since, 68. Total, 367.

Discharged recovered, 28. Improved, 5. Unimproved, 15. Died, 15. Eloped, 2. Not insane, 2. Total, 67. Remaining under treatment, 300.

IOWA. *Sixth Biennial Report of the Iowa Hospital for the Insane*: 1872. Dr. MARK RANNEY.

There were remaining in the Asylum, at date of last report, 398 patients. Admitted since, 520. Total, 918. Discharged recovered, 203. Improved, 67. Unimproved, 35. Died, 112. Total, 417. Remaining under treatment, 501.

A much larger number of patients was received than the Institution could properly accommodate. The desire to care for all the acute cases, and for such of the chronic class as proved especially dangerous to themselves or others, led to the overcrowding. Many epileptics received admission, and sixteen died during the biennial period. Great changes have been required in the interior construction of the building. The lath and plastered walls which were in use for partitions, have been found entirely unsuited for the purpose. They were rapidly destroyed by the patients and required constant repairs. Upon some of the wards they have been replaced by a wall of masonry. This work will be continued throughout the building. We have in this, another instance of the poor economy of cheap structures, in which more money is spent in repairs than would be required for the erection originally of the most substantial buildings.

The changes in the method of heating and ventilation are giving satisfaction. The foul air is now taken from the bottom of the ward, and the pure air introduced near the ceiling. This method has, so far as tried proved superior to any other, where forced ventilation is employed, and was first introduced in Utica, in 1853.

Many outside changes and improvements have been made and more are called for.

NOVA SCOTIA. *Report of the Nova Scotia Hospital for the Insane*: 1872. Dr. JAMES R. DE WOLF.

There were in the Hospital, at date of last report, 252 patients. Admitted since, 77. Total, 329. Discharged recovered, 39. Improved, 4. Died, 27. Total, 70. Remaining under treatment, 259.

The most noteworthy event recorded in the report is the completion of the Asylum, in accordance with the original plan. This gives room for ninety more patients, and will largely increase the facilities for classification. The subject of "Amusements," "Industrial Pursuits," "Boarding Out of Patients," "Insane Convicts," and "Premature Removals," are treated of by Dr. De Wolf.

NEW BRUNSWICK. *Report of the Provincial Lunatic Asylum*: 1872. Dr. JOHN WADDELL.

There were in the Asylum, at date of last report, 246 patients. Admitted since, 101. Total, 347. Discharged recovered, 57. Improved, 10. Unimproved, 9. Died, 28. Total, 104. Remaining under treatment, 243.

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#### REPORTS OF BOARDS OF STATE CHARITIES, TRANSACTIONS OF SOCIETIES, &c.

*Ninth Annual Report of the Board of State Charities of Massachusetts*: 1873.

This is a large volume of 600 pages, and contains the reports of the Board, of their Secretary, Visiting, and General Agents. A review of the operations of the various State institutions and their financial conditions, is given, and the subjects of pauperism, crime, disease and insanity, and their relations, are discussed.

Regarding future provision for the insane the Board recommends the erection of cheap structures for present use in anticipation of the advances of the future in the construction and arrangement of hospital structures.

We hardly see the consistency of the Board in adopting this last recommendation, in view of the fact that the Association of Superintendents of American Institutions for the Insane, have given this subject the most considerate attention, and by unanimous action embodied their views in a series of propositions on the construction and management of hospitals, which are plain, comprehensive and thoroughly exhaustive. What prospective light these commissioners can hope to receive, and from what source we can not say. Will their proposed cheap structures illuminate them? They can have no serious idea of erecting such structures. It is much more likely a bid for the credit of being economical, and as long as it is only buncombe, we think it will do the insane or the public interest little harm.

*Twelfth Annual Report of the Commissioners of Public Charities and Correction: New York, 1871.*

The report gives a general view of the workings of the charitable institutions under the charge of the Commissioners of the city of New York, for the year 1870. The number of those cared for in the Hospitals, Asylums, Nurseries, Homes, Correctional Schools, Reformatories and Prisons, amounts to more than 55,000, while some 20,000 others have received relief from the Superintendent of the out door poor. There are five general hospitals for medical and surgical cases, and six special hospitals for specific and contagious diseases. The capacity of the general hospitals is for 2,480 beds, and of the special hospitals 943 beds. The capacity of the insane asylums, is for 1,400 patients, and since this

report was issued the new asylum on Ward's Island, has been completed, and now contains about 600 patients. At the Morgue 214 bodies were received, of which 127 were identified by their friends. The examining physician reports 518 persons simulating disease to gain admission to the institutions. Two reception hospitals, and an ambulance corps, complete the system of relief for street casualties, and the number of persons wounded or taken seriously ill in the streets, and conveyed to the hospitals or to their homes, by this organization during the year, was 1,566. By the appointment of ward physicians, continuous medical care is given gratuitously to all who are not able to pay for such attention. The expenses of the department for the year were about \$1,800,000. If to this large sum we add what is given annually to the charitable institutions, which are not under the control of the Board we can form some idea of the sum appropriated for the care of the sick, unfortunate and criminal classes of that populous city.

*Report of the Board of State Commissioners for the General Supervision of Charitable, Penal, Pauper, and Reformatory Institutions of Michigan: 1873.*

This is the first report of the Board, which was created by an act approved April 17, 1871. They find much to commend in the administration of the institutions which have been placed under their supervision, and great encouragement in their labor, from the fact, that their own investigations and the reports of the penal institutions fully prove, that though the State is rapidly increasing in population and wealth "crime in our midst has steadily lessened." The Board makes the following definite recommendations.

1. The establishment of a Reform School for girls, and if suitable arrangements can be made, in connection with the House of Shelter at Detroit.
2. The creation of intermediate prisons, or work-houses.
3. Some better provision for aiding inmates discharged from the Reform School and convicts discharged from prison to obtain employment.
4. The organization of a Central Board, which shall have the general charge and oversight of all the preventive, reformatory and penal institutions of the State.
5. The establishment of another asylum for the insane.
6. The establishment of a State hospital at Ann Arbor, in connection with the Medical Department of the University.
7. Provision by law for sending dissolute paupers to the intermediate prisons or the Detroit House of Correction.
8. A law requiring sheriffs and poor-house keepers to make uniform records in relation to all persons committed to the jails and poor-houses, in the manner to be pointed out by law.

*Transactions of the Medical and Chirurgical Faculty of the State of Maryland, at the Seventy-Fourth Annual Session, held at Baltimore, Md., April, 1873.*

The article on "Intra-Cranial Necrobiosis, or Softening of the Brain," by Henry R. Noel, M. D., places before the profession, in a very condensed form, what is given by authorities upon this subject, regarding its etiology, symptoms and treatment. The distinction is made by the author between *necrosis*, the term used by Niemeyer, and *necrobiosis*, as used by Virchow to express the same condition. We consider it an important one and fully borne out by the derivation of the words. In softening of the brain, we have a necrobiotic process or the mixture of life and death, side by side, and the tissues waste interstitially, and there is an obliteration of anatomical forms which leaves only a *debris* or wreck of the former form and substance.

This process "is rarely if ever a disease *per se*, but nearly invariably the sequela of other morbid conditions." These are concisely classified.

1. Encephalitis, or direct inflammation of brain.
2. Traumatic encephalitis, without vascular congestion, &c.
3. Thrombosis, from arterial degenerations in aged.
4. Embolism, from cardiac, pulmonary, hepatic and renal diseases, and from aneurisms, &c.
5. Chronic otitis by extension of disease to brain.
6. Syphilitic caries of cranial bones, &c.
7. Suppression of cutaneous diseases, eruptions, &c.
8. Pyæmia, metastatic abscesses, &c.
9. Peripheral softening by direct pressure of tumors on brain.
10. Moral injuries, from mental shock; mental depression; overworking and under-feeding the brain; and from habitual giving away to outbursts of temper.

The symptoms of the disease are those given by Aitken in the article on softening, and the treatment the practitioner is unfortunately obliged to recommend, is simply palliative and expectant.

*Transactions of the Medical Society of the State of West Virginia: 1873.*

The transactions contain an address by the president, Dr. E. A. Hildreth, treating principally of the legal relations of the profession, concerning collection of debts, quacking and suits for malpractice. In the report of the Committee on New Remedies, by S. L. Jepson, M. D., much attention is given to nitrite of amyl in its therapeutical uses. The article shows considerable research in the literature of the subject. The remainder of the volume consists of the report of committees on medical botany, on topography and epidemic diseases, and on necrology.

*Tenth Annual Report of the New York Society for the relief of the Ruptured and Crippled: May, 1873. JAMES KNIGHT, M. D.*

This Institution is occupying a most interesting and useful field of labor, and from the report of its operations is doing a large and constantly increasing good

work. During the past year there have been treated 3,858 out patients, and 290 in patients, making more than 4,000 who have enjoyed the advantages of treatment. Of this large number 81.5 per cent. were relieved and discharged, 16.7 per cent. continue under treatment, 1.6 per cent. were incurable, and 2 per cent. died. The expenses of the Institution, exceed \$40,000 annually. A large portion of this sum is expended for surgico-mechanical appliances, as trusses, bandages, lace stockings, and apparatus for the cure of spinal diseases, and other deformities. By this means many who would otherwise be dependent paupers, are enabled to earn their own livelihood, and are relieved of their sufferings and disabilities.

*First Annual Report of the Roosevelt Hospital, 1872.* Dr. HORACE PAINE.

The Hospital was opened in November, 1871, and till January, 1873, 730 patients had been received. Of this number 305 were discharged cured, and 217 improved, 158 paid full or part board, and 572 were entirely free. Twenty-three capital operations were performed within the year, and there were only two deaths, a result attributed in large part to the purity of the air of the wards, from the perfection of the ventilation. It is highly gratifying that such marked success has attended the attempt to solve this difficult problem of thorough ventilation of hospital wards.

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#### BOOK NOTICES.

*The West Riding Lunatic Asylum Medical Reports.* Edited by J. CRICHTON BROWNE, M. D., F. R. S. E. Vol. III.

This is the largest volume which has yet appeared and contains fourteen articles, five of which are by the present medical staff of the Institution. Several are

from the pens of distinguished men, who recognize the importance of a work undertaken in the interest of true medical science. "The firm conviction which is entertained that a sound system of mental hygiene and improved methods of treating mental aberrations, are among the most pressing wants of the day, and that these may be reached by patient study and research has animated and directed the work which is here recorded, and will continue to stimulate to further diligence and exploration." A large amount of material was necessarily left out of the present number. Professor Turner, of the University of Edinburgh, contributes an article upon "The Convolutions of the Human Brain considered in Relation to the Intelligence." Professor David Ferrier, in "Experimental Researches in Cerebral Physiology and Pathology," presents several experiments made by applying the electrodes to different portions of the brain of animals. From these he draws the broad conclusion that the anterior portions of the cerebral hemispheres are the chief centers of voluntary motion and the active outward manifestation of intelligence.

His experiments also sustain the views entertained by Dr. Hughlings Jackson, regarding the Pathology of Epilepsy, Chorea and Hemiplegia, the proximate causes of which, as he supposes, are "discharging lesions of the different centers in the cerebral hemispheres." In his articles on the Investigation of Epilepsies this term is defined. Two kinds of functional change of nerve tissue are recognized; one in which it is actually destroyed, and its function lost. In the second, it is unstable; it energizes too much—it discharges on slight provocation. This pathological change is designated by the term, "discharging lesion."

Dr. Major presents the results of observations on the "Histology of the Brain in the Insane." His experiments cover three forms of disease of the organ, viz.: chronic brain wasting, senile atrophy, and general paresis; although a number of definite lesions and distinct pathological changes are found in each instance, the Doctor acknowledges himself obliged in candor to record, that his labor has been a failure, in that he has not discovered such constant changes as would mark infallibly the nature of the affection.

Dr. Chrichton Browne gives a series of interesting observations on the use of "Nitrite of Amyl in Epilepsy." He was led to the use of the remedy by studying its effects upon the circulation, and was particularly struck by the difference between paralytic and epileptic patients as regards their susceptibility to the action of the nitrite. In cases of epilepsy, the rapid and marked change in the pulsation and respiration, as also the large area of blushing was something remarkable. "Respiration was invariably quickened, the pulse was accelerated, and vascular tension diminished, and at the same time the mental powers were stimulated."

Reflecting upon these phenomena, and being disposed "to lay it down as an inflexible rule, that in all cases of epilepsy in which loss of consciousness occurs at the commencement of the fit, that there is an arrest of the blood supply to the brain in consequence of spasmodic contraction of the intra-cranial vessels," the Doctor drew the conclusion that if the nitrite could be administered before the fit, and especially after the occurrence of the aura, the convulsion itself, might be averted. The remedy was employed successfully in warding off the fit, both in the human subject and in a rabbit, in which the convulsive attack had been induced by Professor

Ferrier in his experiment previously alluded to. The detail of these investigations is interesting and certainly induces the belief that the nitrite of amyl will prove a valuable remedy in the treatment of epilepsy. Its success in averting the fit gives ground for hope that the epileptic habit may be broken up, or at least interrupted, and thus a most important point will be gained, looking to the future treatment of the disease.

Ten cases of *status epilepticus* are reported as treated with the same remedy, eight terminated in recovery and two died. The testimony from its use in this form of disease is strongly in its favor. He says "it operates with a directness and certainty such as I have never witnessed with any other remedy, and cases which I should formerly have despaired of, I shall now regard with less apprehension." Another paper is promised in continuation of the same subject, and we shall look for it with great interest.

We can not speak in detail of all of the articles contained in the volume; but we are unwilling to close this review without noticing the two articles of J. Hughlings Jackson on "Localization of Movements in the Cerebral Hemispheres," and "On the Anatomical, Psychological and Pathological Investigation of Epilepsies." The one of Dr. Wilkie Burman "On Heart Disease and Insanity," of Dr. T. Clifford Allbutt "On the Obscure Neuroses of Syphilis," and of Dr. Henry Sutherland on "The Change of Life and Insanity." The statement in the preface is more than borne out by the perusal that "there can be no presumption in believing that the volume contains some important contributions to medical literature."

Should the same spirit of research and investigation animate the medical officers of institutions for the insane generally, facts in the physiology and pathology of the

nervous system would be established, and a rational system of treatment inaugurated, which would take the place of that founded too largely upon ignorance and empiricism.

*Body and Mind; An Inquiry into their Connection and Mutual Influence, specially in Reference to Mental Disorders.* [An Enlarged and Revised Edition, to which are added Psychological Essays.] By HENRY MAUDSLEY, M. D., F. R. C. P., Professor of Medical Jurisprudence in University College, London. McMillan & Co. 1873.

The main part of the work is composed of three Gullstonian Lectures delivered by Professor Maudsley, in 1870, before the Royal College of Physicians of London. These essays have been so long before the public, and have been received with such marked consideration that it will not be deemed necessary to give them a lengthy or critical review. They have to a great extent become already incorporated into the literature of the profession, as scarcely a medical volume or address has been presented, since their publication, which has not drawn more or less from them in the way of criticism or commendation.

That Professor Maudsley has added to the methods of research in the investigation of mind and mental phenomena, by this synthetical process of reasoning, by tracing the ever-changing, but constantly intimate relation between the mind and the body, both in a state of health and disease, can not be doubted. The first section is devoted to a general survey of the physiology of mind, to an exposition of the physical conditions of mental function in health. In the second lecture are sketched the features of some forms of degeneracy of the mind as exhibited in morbid varieties of the human kind. \* \* \* In the third lecture, which

contains a general survey of the pathology of mind, are displayed the relations of morbid states of the body to disordered mental function." These lectures are followed by an address delivered before the Psychological Section of the British Medical Association in 1872, entitled "Conscience and Organization." This was published in the *Journal of Mental Science*, for October, 1872, and was noticed in the April number of the JOURNAL OF INSANITY. It is intended to show that conscience is a mere function of the physical organization—a logical conclusion from the materialistic view that mind is a mere secretion of the brain. Part II. contains four essays: "Hamlet," "Swedenborg," "The Theory of Vitality," and "The Limits of Philosophical Inquiry." These are reprints from the *Westminster Review*, the *British and Foreign Medico-Chirurgical Review*, and the *Journal of Mental Science*.

*Insanity in its Relation to Crime.* W. A. HAMMOND, M. D., Professor of Diseases of the Mind and Nervous System, and of Clinical Medicine, in the Bellevue Hospital Medical College. D. Appleton & Co., New York: 1873.

The text of this monograph is the recital of three cases of insane homicides, those of Lèger, Jobard and Jules. They have been reproduced in works upon insanity so often, that it is only necessary to refer to them here. The first was executed, the second recommended to mercy, and the third acquitted upon the ground of insanity. A commentary is made upon them, and the different degrees of punishment awarded to each is considered conclusive evidence of the injustice committed under sanction of law. The first trial in which the accused was convicted and executed, occurred in 1824, now fifty years ago, and the other two, twenty years ago. No allowance is, however, made by Dr.

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Hammond for the lapse of time, for the change in public opinion, or the progress of science in the specialty of insanity. It is more than probable that if cases of a later date had been chosen, less inconsistency would be found in the results. The sentiments expressed in the work are of the same character as those which have recently appeared in the editorial columns of the *London Times*, and which have been put forth by certain French writers, and we meet again with the same arguments, and with the same examples, of the wild beast and the mad dog. It is the old story which has its periodic repetition, but does not gain believers.

We must insist upon Dr. Hammond's telling the facts regarding the cases alluded to. On page 68 he asserts that Montgomery was convicted of murder in the first degree and duly sentenced to be hanged. He was never sentenced.

The commentary consists of specious reasoning regarding the nature of crime and the scope of law, in which the idea of justice in law is entirely ignored and the individual is not allowed any right which society is bound to respect. Might in this case makes the right.

"What society requires is protection, and it has no more business as such with abstract justice than it has with any other bit of philosophy."

The safety of society is, so far as we can judge from the argument adduced, the only thing to be considered in the formation of the law, or in the punishment of the offender.

Dr. Hammond then endeavors to show that the interest of society demands the punishment of the insane homicide, and in doing so brings forward two examples of the operations of law, the one that of the person who is punished for the violation of a law, the very existence of which is unknown to him. In this case we

have a responsible member of society, whose duty it is to inform himself of the laws of the government under which he lives. If ignorance exists it is from neglect of duty, not from inability to know the law, because disease has destroyed the mental perception. Again, the second case quoted, that of attainder for crime has always been considered a blot on the escutcheon of any nation and a relic of a barbarous despotism, not a measure necessary for the preservation of society. If all the laws which have been founded in injustice and have existed by force and wrong, were to be taken as precedents, we would soon return to the condition from which society has been elevated by a Christian civilization.

The following conclusion is drawn from the two examples quoted.

"Looking at the matter, therefore, from a similiar point of view no valid argument can be adduced against the punishment of the insane, even though they be morally irresponsible for their acts by reason of delirium, dementia, morbid impulse, emotional insanity, or any other form of mental aberration."

"But the individual who has sufficient intelligence to know that pointing a loaded pistol at a human being, cocking it and pulling the trigger, are acts which will cause the death of the person, against whom they are directed, should be subjected to the same punishment for a homicide as would be awarded for a like offence committed by a sane person." "An insane person deprived of his liberty on account of a murder should never be allowed to go at large. The danger of a relapse after a cure is always great, and a shrewd lunatic may very readily deceive those about him into the belief that he is cured, when in fact, he is only planning his escape from durance." We have made these few

quotations as showing the conclusions arrived at, after his mature consideration of the subject, and which are sent forth to influence the mind of the judge and jury in deciding upon the responsibility of the insane. It can hardly be believed that the sentiments expressed above should be those of Dr. W. A. Hammond, the expert in insanity, through "whose testimony, ophthalmoscopes and paraphernalia, McFarland was acquitted," and, still walks the streets without fear of imprisonment in an asylum, and General Cole in whose case he also figured, transacts the business of life though he could "cock a pistol and pull a trigger," with a full knowledge of the consequences of the act.

*Clinical Electro-Therapeutics, Medical and Surgical.* [A hand book for Physicians, in the Treatment of Nervous and other Diseases.] By ALLEN McLANE HAMILTON, M. D., with numerous illustrations. D. Appleton & Co., New York: 1873.

The author states in his preface, that he has endeavored to make this a practical work, by avoiding as many confusing theories and technical terms as possible, and endorses electricity only as a very valuable remedy in certain diseases, and not as a specific for every human ill, mental and physical. As a therapeutical mean in nearly all forms of nervous disease, electricity is invaluable. New modes of treatment which have not had the test of experience have not been noticed, but the book is a compilation of well tried measures and reported cases. A full description, with plates, is given of the most approved form of electrical appliances.

*The Cerebral Convolutions of Man.* [Represented according to original observations, especially upon their development in the fœtus, intended for the use of Physicians.] By ALEXANDER ECKER, Professor of Anatomy, in the University of Friburg, Baden. Translated by ROBERT T. EDES, M. D. D. Appleton & Co., New York: 1873.

This volume is given to the profession in accordance with a long cherished plan of the author "to give a summary description of the cerebral convolutions for the use of physicians." The work is thoroughly done and will prove of great service to those especially interested in the topography of the brain convolutions. It will furnish a standard nomenclature of the different divisions of the cerebral mass, which can be employed, alike by students and authors. It is handsomely printed and bound.

*Report of the Columbia Hospital for Women, and lying-in Asylum, Washington, D. C.* By J. HARRY THOMPSON, A. M., M. D., Surgeon-in-Chief, with an appendix. Government Printing Office.

This report gives a general history of the operations of the Hospital from its organization in March, 1866, to July, 1872, a period of six years. It was established by private enterprise, but aided by the Government, as fifty beds were furnished by the Surgeon-General upon the order of the Secretary of War. It has since received annual appropriations from Congress. During this time 11,455 patients have been under treatment, and over seven hundred operations have been performed; a large part of them for the relief of accidents, occurring in parturition. The report of Dr. Thompson is supplemented by those of Dr. F. A. Ashford, on "Diseases of Females," of Dr. Samuel C. Busey, on "Diseases of Children," and of Dr. D. Webster Pren-

tiss, on "Diseases of the Eye and Ear." It is a large volume, of more than 400 pages, and is fully illustrated by appropriate plates. The Government places the profession under great obligations by furnishing such works, giving the results accumulated in the hospitals under its charge, not only in the time of the war, as in the Medical and Surgical History of the Rebellion, but in the quiet days of peace.

*Lectures on Madness, in the Medical, Legal and Social Aspects.*

By EDWARD SHEPPARD, M. D., Professor of Psychological Medicine in King's College, London, and one of the Medical Superintendents of the Middlesex County Lunatic Asylum, at Colney Hatch. LINDSAY & BLAKISTON, Philadelphia: 1873.

This is a series of seven lectures by Professor Sheppard, delivered before the Medical Students of King's College, London. They are intended to merely outline the subject treated of and not to serve as an exhaustive text-book. There are many things to commend in the work. It is written in a pleasing style, which would at once attract attention, and recommend the subject to the student. They are calculated to induce thought and lead to further investigation. One important feature is the simplicity of the classification adopted, and the great freedom from confusing technicalities. The views entertained regarding insanity, its causes, divisions and treatment, are, in the main, correct and judicious. It will well serve the purpose for which it was intended.

*Wharton and Stillé's Medical Jurisprudence.* Third Edition. KAY & BROTHER: Philadelphia, 1873.

In the number of the JOURNAL, for January, 1873, we noticed the reception of the first volume of this work upon "Mental Unsoundness and Psychological Law." We have now before us the remaining two

volumes of the work. They include the subjects of Parturition, Sex, Poisons, Wounds, Malpractice, Homicide, &c. The authors upon these subjects are Samuel Ashhurst, M.D., of Philadelphia, Robert Amory, M.D., Brookline, Mass., Wharton Sinkler, M.D., of Philadelphia, Francis Wharton, L.L.D., of Philadelphia.

The work is brought down to the present time, and includes the most recent and important legal decisions. The names of the authors furnish a satisfactory guarantee as to accuracy and scientific character. It has a general index by sections, an alphabetical index, and the names and section are given wherever cases have been referred to. This greatly enhances its value as a book of reference. It must become the standard authority upon the subjects treated of, before the courts.

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#### PAMPHLETS AND REPORTS.

*Address before the Medical Society of the State of California.*  
By Dr. G. A. SHURTLEFF.

The subject of this address, is the "Medical Jurisprudence of Insanity." The different theories entertained by various writers, and also the author's view of the connection between mind and matter, are briefly stated. This is followed by a reference to the most general anatomico-psychological division of the brain.

Dr. Shurtleff's comments upon the legal relations of insanity, upon expert testimony and the manner in which it is taken by courts and counsel, and which so often brings it into disrepute, and defeats the ends of justice, will meet the approval of the profession generally.

*Law and Intelligence in Nature.* By A. B. PALMER, A. M., M. D.,  
Professor of Pathology and Practice of Medicine in the University of Michigan, and Bowdoin College, Maine.

*Remarks on Stricture of the Urethra of Extreme Calibre.* By F. N. OTIS, M. D., Clinical Professor of Venereal Diseases in the College of Physicians and Surgeons, &c., &c. [Reprinted from the *New York Medical Journal*, February, 1872.]

*An Account of the Cholera at Nashville in the year 1873.* By W. K. BOWLING, M. D.

*Infant Feeding and its Relation to Infant Mortality.* By E. S. MCCLELLAN, M. D., Professor of Physiology and Hygiene, in the New York Free Medical College for Women.

*Memorial of the American Medical Association, with regard to the Rank of the Medical Corps of the United States Army.*

*Some Conclusions in Regard to General Paresis, with a report of a case under observation.* By HORATIO R. BIGELOW, of Boston, Massachusetts.

*Annual Address delivered before the Madison County Medical Society.* By the President, W. H. CARPENTER M. D., of Oneida, New York.

*On the Connection of Bright's Disease, with changes in the Vascular System.* By A. L. GALABIN, M. A., M. D., a thesis for the degree of M. D., Cantab.

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## SUMMARY.

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### NOTICES.

Dr. H. M. Bassett, First Assistant of the Iowa Hospital for the Insane, at Mount Pleasant, has been appointed Superintendent in place of Dr. Mark Ranney, resigned.

—Dr. George Syng Bryant has been appointed Superintendent of the First, Dr. William Black of the Third, and Dr. C. C. Forbes of the Fourth Kentucky Lunatic

Asylum. Dr. Rodman continues as Superintendent of the Second Kentucky Asylum.

—Dr. William S. Whitwell has resigned the position of Third Assistant Physician of the New York State Lunatic Asylum, at Utica, and gone to Germany to pursue his medical studies. Dr. Willis E. Ford, of the Staff of Charity Hospital, New York, has been appointed to fill the vacancy. Dr. Alfred T. Livingston, of Buffalo, has been appointed Fourth Assistant Physician.

—Dr. Thomas Dudley, First Assistant Physician of the Eastern Kentucky Lunatic Asylum, now the First Kentucky, committed suicide on the 18th of July by taking morphia. Dr. Dudley had been connected with the Asylum for seventeen years. His loss was deeply felt, not only by his immediate associates in the Asylum and the patients under his charge, but also by the profession of Lexington. The large attendance at the funeral was a fitting expression of the regard for the deceased and of sympathy with his friends. Resolutions embodying the kindest sentiments, were passed by the physicians of the city, and by the Board of Commissioners of the Asylum.

—Dr. Benoit Morel, the distinguished French alienist, recently died, in the sixty-fourth year of his age. He is well known to the members of the specialty, by his works upon insanity: the "*Etudes Cliniques, sur les Maladies Mentales*," and the "*Médecins Lègals des Aliènes*," though still incomplete, have fully established the author's reputation. He has also written several monographs of note. From 1856, he was the Superintendent of the St. Yon Asylum, at Rouen. Here he labored successfully and efficiently in his chosen field.

—Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane, having declined to act as Commissioner, to select a site for the new Insane Asylum to be located in the northwestern section of the State, Dr. W. S. Corson, of Morristown, was appointed in his place.

—Dr. Mark Ranney, Superintendent of the Hospital for the Insane at Madison, Wis., is lecturer upon Insanity in the Medical Department of the Iowa University.

—Dr. Lyman Congdon, of Syracuse, has been appointed Superintendent of the Inebriate Asylum, at Binghamton, vice Dr. D. S. Dodge, resigned.

—Dr. William A. Hammond has resigned his Professorship of Diseases of the Mind and Nervous System, in the Bellevue Hospital Medical College. The *Journal of Psychological Medicine*, of which he was the editor, was discontinued by the publishers some time ago.

—Dr. Gray's paper on the "Pathology of Insanity," will appear in the January number of the JOURNAL, as the illustrations were not ready for the present issue.

—The State Board of Charities of New York, have, in accordance with Chapter 521, Laws of 1873, defining the powers and duties of the Board, licensed the following named institutions to receive and care for insane patients:

Providence Lunatic Asylum, Buffalo.

Brigham Hall, Canandaigua.

Marshall Infirmary, Troy.

Dr. Kittridge's Home for Nervous Invalids, Fishkill.

Sanford Hall, Flushing.

Dr. Choate's Home, Pleasantville.

## ECHO SIGN IN EPILEPSY.

EDITORS JOURNAL OF INSANITY:

I lay before your readers a brief account of an instance, which, so far as I know, is unique, of the phenomena of the echo sign as set forth in the paper of Dr. Echeverria, and published in the last number of the JOURNAL.

A young printer employed in this city is an epileptic, and frequently has a fit while composing which results in making *pi* of what he has in his stick. A short time since he had one of his attacks, and fortunately the matter was preserved, and a proof taken as follows:

The annual meeting of the County Convention of Young Men's Christian Associations, was associated, as the paper has elsewhere reported:—

For the purpose of comparison, I append the sentence as it should have been set up, and as it finally appeared in the paper:

The annual meeting of the County Convention of Young Men's Christian Associations, was held at Westborough, yesterday. Officers for the ensuing year were chosen as follows:

This is interesting as showing the time that elapsed, and especially the number of movements that were executed between the beginning of the nervous disturbance and the entire loss of consciousness. I do not know whether he is aware of any aura or not.

Very truly yours,

B. D. EASTMAN,

Superintendent Worcester Lunatic Hospital.

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"AN ACT REGARDING THE VARIOUS CHARITABLE INSTITUTIONS IN THIS COMMONWEALTH." (Kentucky).—By this Law, the number of asylums in the State has been increased from two to four, which are named in numerical order.

This sudden multiplication of institutions has been effected by changing the legal title of the "Institution for the Education and Training of Feeble Minded Children," to that of the Third Kentucky Lunatic Asylum, and of the "State House of Reform for Juvenile Delinquents," to that of the Fourth Kentucky Lunatic Asylum. The same law also directs the reception of juvenile delinquents at the same institution as before, and that after the three above-named asylums are filled, the inmates of the Idiot Asylum shall be returned to their friends, where they are able to care for them, and in the case of paupers to the various counties of their residence, where a committee shall be appointed. The State makes an appropriation of \$75 per year to be paid the person taking care of and supporting the idiot. We regret that the State of Kentucky has adopted the plan of farming out the unfortunate. This is indeed a retrogressive step, and a return to a system which was for so many years a reproach to the older Eastern States.

The law makes provision for the appointment by the Governor, by and with the advice and consent of the Senate, of a Board of nine Commissioners for each institution, who are required to report to the Legislature, through the Governor, and who are to appoint the matron and the subordinate employes. It also provides that the Governor may appoint the medical officers and steward, by and with the advice and consent of the Senate, but he may remove them for causes deemed sufficient by him. The steward is also required "to report to the Governor monthly, a statement in writing of his official acts to date, the condition of the farm and garden, and the number, character and condition of the stock under his care and control."

This law is an anomalous one and has evidently been

drawn without reference to precedent or the teaching of the past, as presented in the resolutions of the Association of Superintendents, regarding the organization and management of asylums. The idea of making a State officer, a non-resident and without practical knowledge of the subject, absorbed in the multifarious duties of his gubernatorial position the really responsible head of the various asylums of the State, and of requiring him to receive a monthly statement of the acts of the steward in the detail of purchases, and numbering of cattle and swine, is as absurd as original. This mixture of responsibility, and appointing power would present a ludicrous view, were it not for the interests at stake, that of the charitable institutions of a great State. The law upon its face presents so many contradictions and absurdities, that we can only predict its failure. It is an unfortunate feature of the law, that chronicity of disease is made a distinguishing point of difference in the institutions, as the Third and Fourth Asylums are to receive the chronic insane, from the State and from the other asylums, and that they are to be intermingled with idiots, imbeciles and juvenile delinquents.

By this act, the law passed in February last by the same Legislature, authorizing the erection of a Third State Asylum was repealed.

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OBITUARY.—Full of years and of honors, Moritz Heinrich Romberg died on the 16th ult., at Berlin, of cardiac disease, under which he had labored for some years, and the symptoms of which had become more serious during the last three months. Romberg was born at Meiningen on the 11th of November 1795, and was consequently in his 78th year at his death. He very early in his professional life devoted himself to the study of nervous diseases as the great object of his life, and his first publication on this subject was a translation, with annotations, of Marshall's "Anatomy of the Brain in Mania." The researches of Sir Charles Bell filled

him with enthusiasm, and he also translated this great work in 1831 for the use of his German professional brethren. With the exception of an edition of Albertini's "Opuscula Medica," which he edited, a couple of Reports on Cholera, in which he had a large experience, and some fugitive articles in medical journals, all Dr. Romberg's publications had relation to his favorite subject, and may be said to have culminated in his celebrated "Lehrbuch der Nervenkrankheiten des Menschen," which was published in three parts in 1840, '43, and '46, and has passed through three editions, the last of which was published in 1857. This work was translated into English for the Sydenham Society by Dr. Sieveking in 1853. Thus the name of Romberg has now long been familiar to medical inquirers, and his memory deserves to be held in special respect by all British medical men;—first, for the upright honesty of his character, which led him always to acknowledge literary and scientific obligations where they were due; second, for the peculiarly practical character of all his works; third, for the strenuous manner in which he warned against a tendency, even more prevalent now, to base the study of pathological phenomena on the results obtained in the test-tube, or by the scalpel and microscope, to the exclusion of the only true guiding principle to be found in physiology alone; and last, not least, for the strong predilection which he has always shown for the physiologists and pathologists of Britain.—*Edinburgh Medical Journal.*

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PROF. ROKITANSKY.—This distinguished ornament of the Vienna Medical School has announced to the Professoren-Collegium that next year he will have attained his seventieth year. According to the regulations he should then retire from his professorship, and be placed on the pension-list. It seems, however, that seeing the great loss his retirement would inflict on the Vienna School—the founder of which he may be almost considered—an effort will be made to have his case regarded as an exceptional one as long as his present good health and teaching power continue.—*Medical Times and Gazette.*